

Technology Acceleration and Technology Convergence: Where Is It Taking Us?

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**Presentation at Burrill and Company,
Limited Partners and Advisory Board Meeting
Sausalito, CA
28 April 2009**

BURRILL & COMPANY

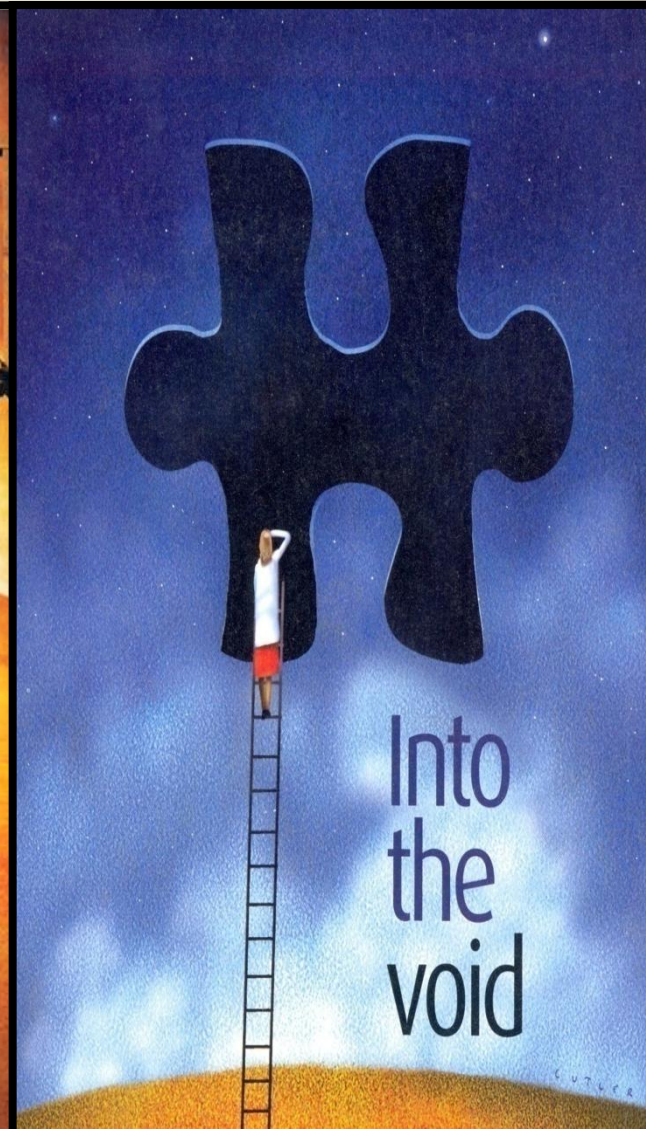
Life Sciences/Venture Capital, Private Equity, Merchant Banking, Media

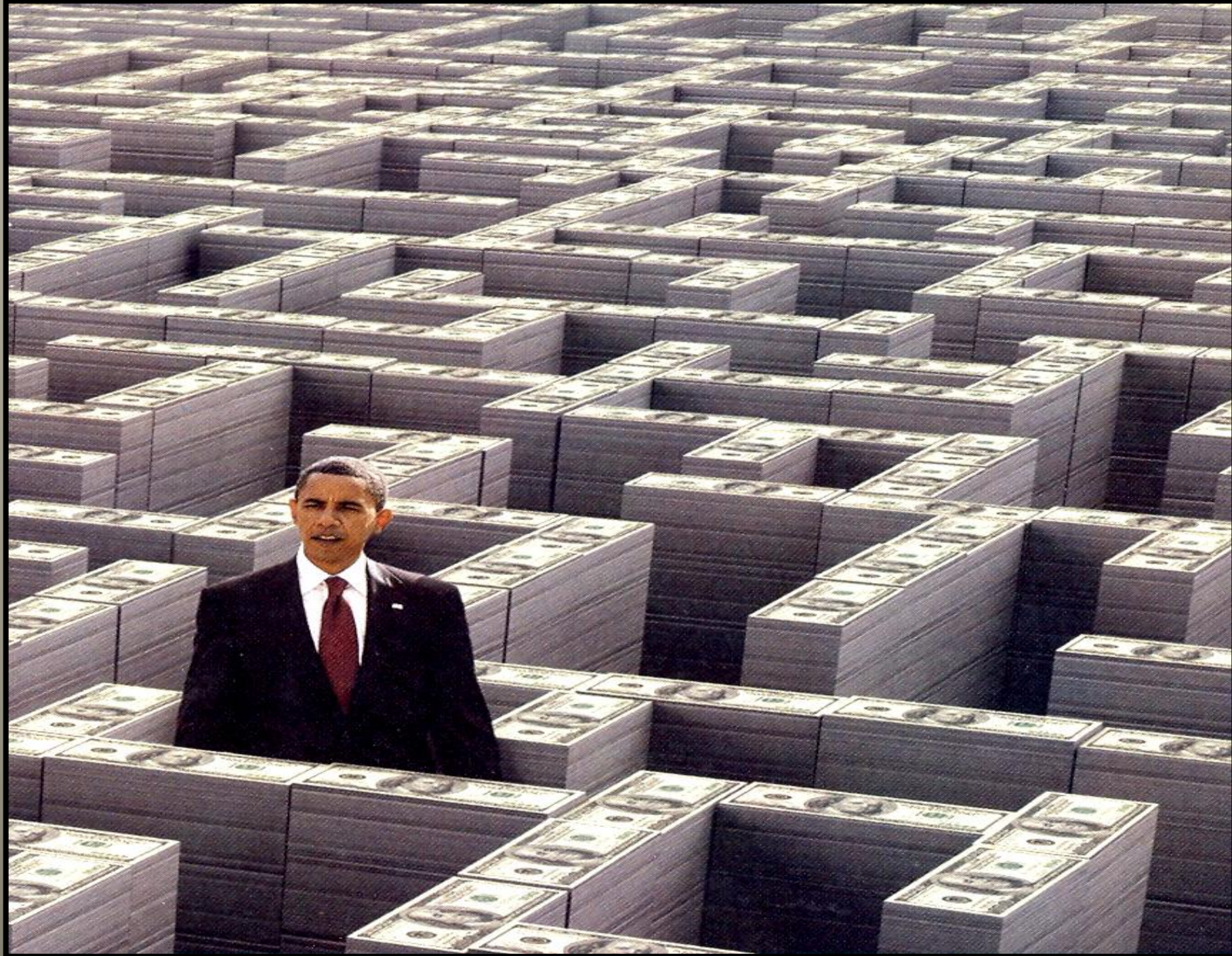


Biotech 2009: Life Sciences

Navigating the Sea Change

23RD ANNUAL REPORT ON THE INDUSTRY





Navigating The Sea Change

- **adapting to new realities**
- **define new value propositions**
- **cost control and cost avoidance**
- **improved health outcomes**
- **integrated care of complex chronic diseases**
- **customized care and the path to personalized medicine**

Navigating The Sea Change

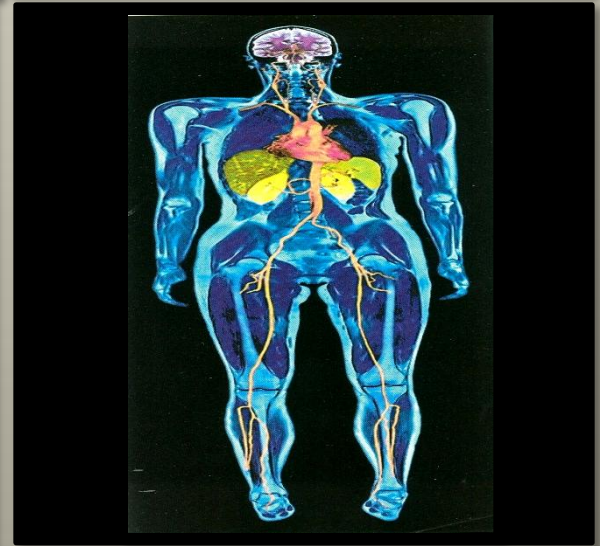
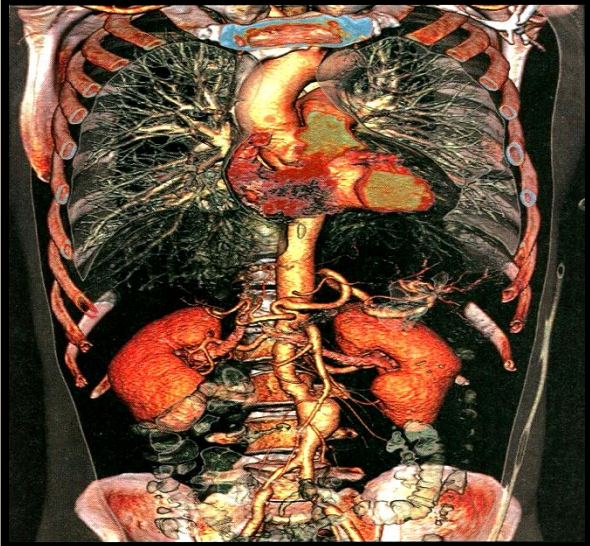
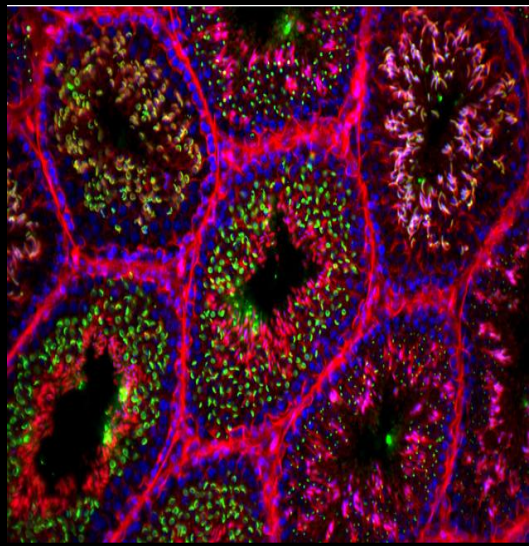
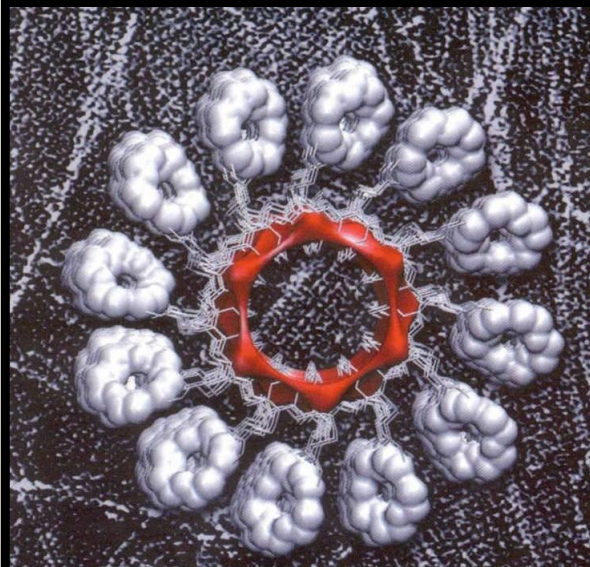
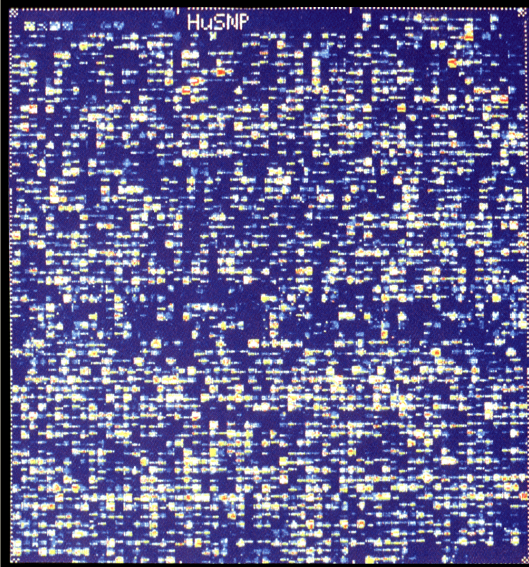
Mastery of Convergence

- **technological**
 - biotechnology, engineering and computing
- **clinical**
 - diagnostics (Dx), imaging (Ix), therapeutics (Rx), devices and healthcare information (Hlx)
- **commercial**
 - integration of Dx; Rx and Hlx
- **strategic alliances**
 - new ecosystem of corporate linkages for horizontal integration

The Conceptual Foundations of Drug Discovery

- **understanding biological systems and the perturbations causing disease**

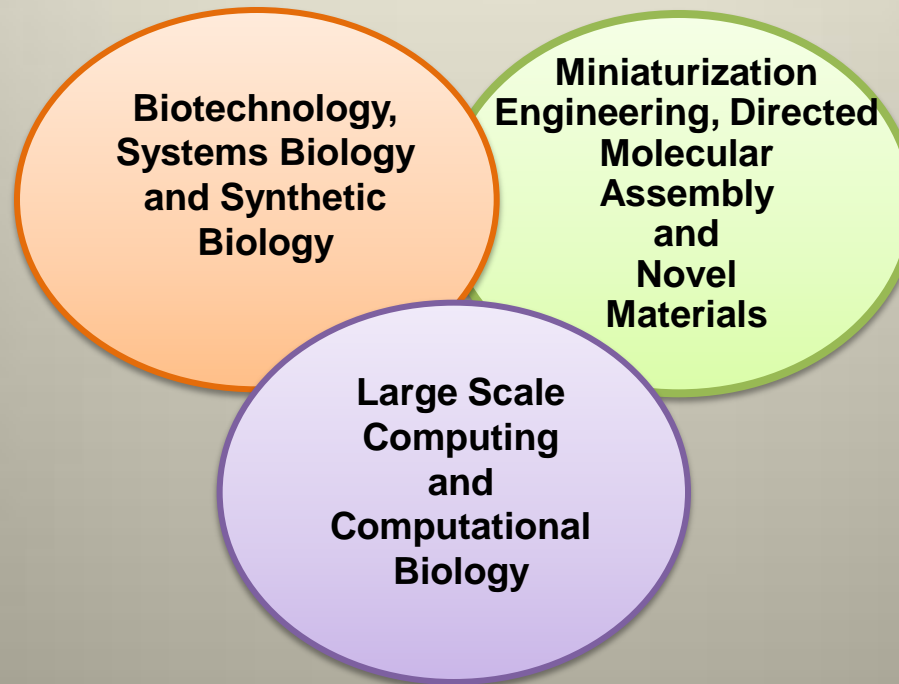
Systems Biology: Mapping The Design of Complex, Adaptive Networks of Increasingly Higher Structural Order



21st Century Science: Comprehending Biological Design

“SYSTEMS and SYNTHETIC BIOLOGY”

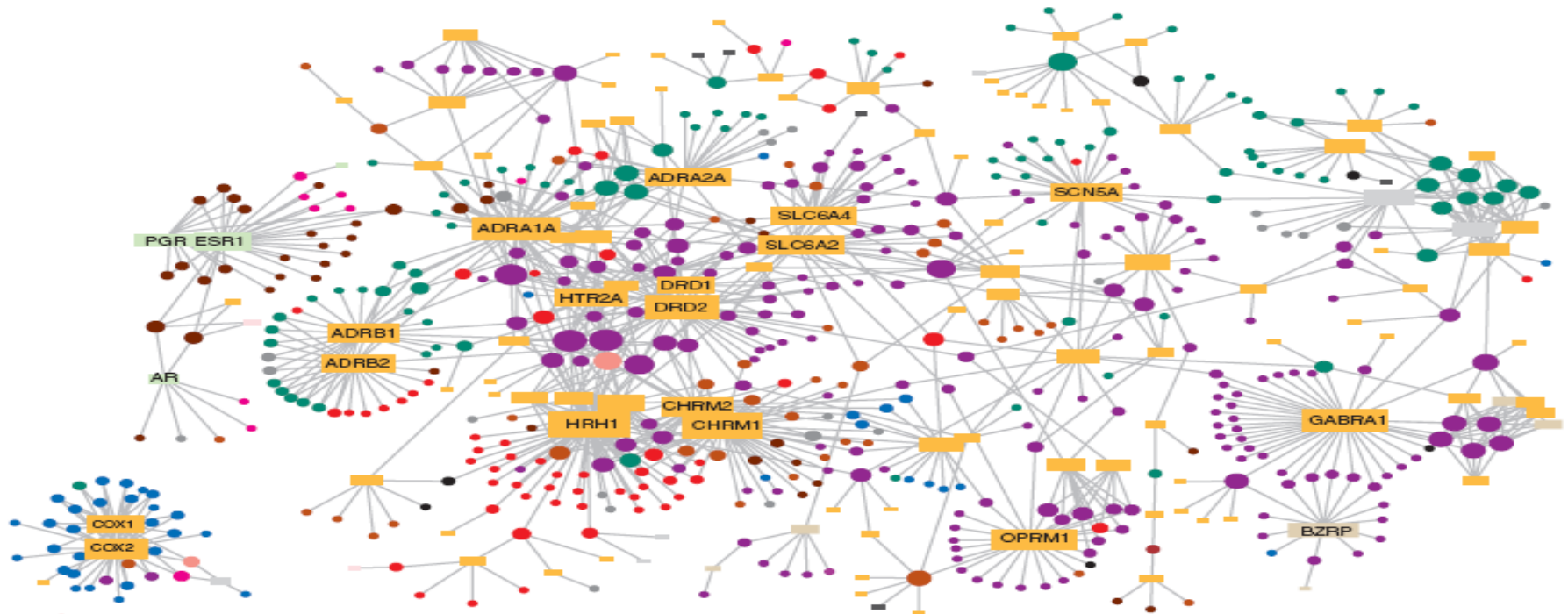
- the design principles of biological order and complexity
- the information content of biopathways and networks
- engineering bio-inspired novel functions and life forms



“TECHNOLOGY CONVERGENCE”

The Conceptual Foundations of Drug Discovery

- from empiricism to rational therapeutics
- from ambiguity to predictability
 - mechanism(s) of action
 - clinical efficacy and safety
 - healthcare outcomes and value



Drug-Target Networks for FDA Approved Rx



2029
Julia
discovers
a cure for
leukemia

Helping women succeed in science can help us all

Determining the chemical composition of stars. Uncovering Earth's inner core. Interpreting DNA as a double helix. These important discoveries share one thing in common - they are each attributed to a woman. Yet, despite their enormous contributions to research, up to half of all women in science leave the field before they can fulfill their promise.

At the Rosalind Franklin Society, we're committed to helping women at every stage of their careers achieve their dreams - because with the right support, today's dream can become tomorrow's discovery. To learn more, visit www.rosalindfranklinsociety.org.

ROSALIND FRANKLIN SOCIETY

Major Constraints in Drug Discovery

Major Constraints in Drug Discovery:

Inadequate Knowledge of Biological Networks

- accuracy of Rx target selection and causal relationship to disease
- network redundancy and circumvention/resistance to Rx action
- increasing evidence of importance of multi-focal 'promiscuous' Rx action for optimum efficacy

Major Constraints in Drug Discovery:

Inadequate Knowledge of Biological Networks

- imprecise knowledge of the causality of complex traits and disease-associated disruptions
- complex interplay of multiple low-penetrance alleles
- complex relationships
 - variation in genotype
 - variation in gene expression
 - variation in disease phenotype(s)

Major Constraints in Drug Discovery:

Inadequate Profiling of Patients for Clinical Trials

- “all comers” versus enrichment with patient cohort(s) with molecular pathology relevant to Rx action
- unique problem in oncology clinical trials of testing in Rx-failure patients
- urgent imperative for biomarkers/Dx tests for identification of ‘relevant’ patient cohorts and adaptive clinical trial design

Major Constraints in Drug Discovery:

Risk Aversion and the Elusive Quest for Zero-Risk

- safety profiling in small 'N' populations in clinical trials will not identify idiosyncratic adverse events (AEs)
- REMs and regulatory creep
- cost and time of Phase IV regulatory demands

Major Constraints in Drug Discovery:

Comparative Effectiveness and Value Thresholds

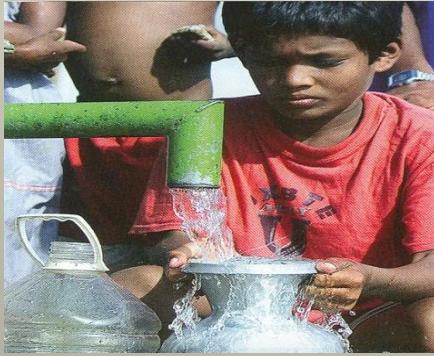
- the next hurdle?
- full range of therapeutic utility often not appreciated at initial approval
- highly variable combinations of 'best practice' Rx in different countries
- cost and risk of extended trials and erosion of patient life
- expanded 'free loader' opportunity for generics to enter markets earlier due to increasingly eroded patent life

Drug Discovery:

Only for the Bold!

- **sustained 'high risk' exercise**
- **uncertainty of 'high reward' absent increased predictability of clinical benefits**
- **no obvious immediate technological solutions to shorten protracted R&D cycle**
- **risk of shifting the current 'valley of death' to 'valley of dearth'**
- **strategic imperative to define clear value propositions for new Rx**

Global Health: Understanding the Implications of Major Economic and Environmental Dislocations



Redefining Healthcare Delivery

**Harsh Realities
and
Stark Choices**

The Strategic Future of Healthcare

A photograph of a road that splits into two paths, one leading to the left and one to the right, set against a backdrop of a forested hill. The road is paved and has yellow double lines in the center. The left path is labeled 'Economic Unsustainability' and the right path is labeled 'Reform and Rational Care'. The word 'or' is placed between the two paths. The entire image has a blue tint.

**Economic
Unsustainability**

or

**Reform and
Rational Care**

**Confronting the Imbalance Between Infinite Demand
and Finite Resources**

Market Distortions and Perverse Incentives in Modern Healthcare Delivery

- **focus on late-stage detection and intervention**
 - **high cost**
 - **low reversibility of chronic disease processes**
- **multiple reimbursements for fragmented (siloed) care versus integrated management of patient needs**
- **illness versus wellness**
- **inadequate social and economic incentives for wellness**

U.S. Healthcare Costs are Unevenly Distributed

- **0.5% patients consume 25% of healthcare budget**
- **1% consume 35%**
- **5% consume 60%**
- **10% consume 70%**
- **75% of cost is for patients with chronic diseases**

Source: Healthcare Reform Now

G. Halvorson,

Chairman and CEO

Kaiser Foundation Health Plan and Hospitals

Wiley, NY 2007 p.2

Demographics Trends and the Clinical and Economic Burden of Complex, Chronic Conditions/Co-Morbidities



- **23% Medicare beneficiaries have 5 or more conditions**
- **polypharmacy and AEs**
- **poor patient compliance**
- **multiple physician/venue encounters**
- **poor communication/coordination between siloed healthcare services**
- **procedure-based reimbursement versus care continuum and outcomes**

The Strategic Environment for the Pharmaceutical and Biotechnology Industries

- **prospering in an environment of increasing constraints**
- **managing the limit(s) of society's willingness and ability to pay for innovation**
- **demonstrating the value of Rx**
- **harnessing the unprecedented opportunities for rational therapeutics and personalized care**
- **building the extended enterprise to optimize value-driven outcomes from rational Rx use**
 - **proficient integration of Dx, Rx, Ix and Hlx**

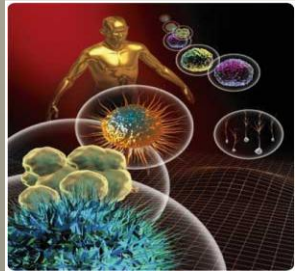
Defining New Value Propositions for Healthcare Delivery

- **social and economic value of reducing disease burden will rise**
 - **earlier disease detection and mitigation**
 - **rational Rx and guaranteed outcomes**
 - **integrated care management of complex chronic diseases**
 - **extension of working life**

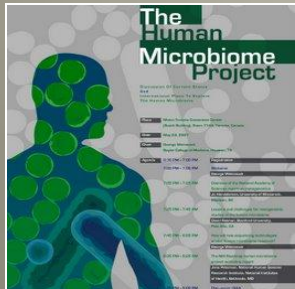
New Vistas in Biotechnology with Potential for Major Therapeutic Advances



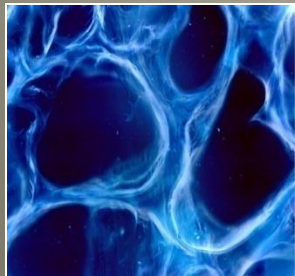
- selective modulation of gene expression via siRNA



- regenerative medicine: programming cellular differentiation and autologous cell therapy



- synthetic biology: cells as novel Rx/vaccine delivery systems or diagnostic sentinels



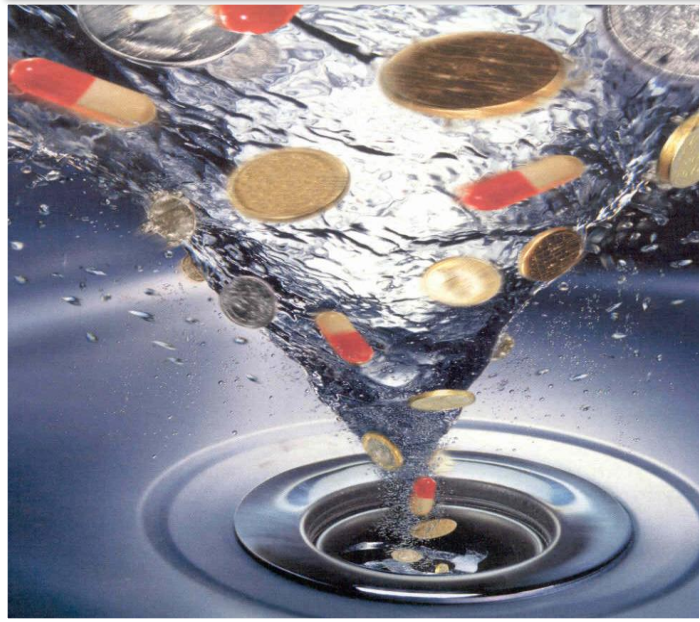
- tissue engineering: novel biomatrices for repair and remodeling

**Molecular Diagnostics and
Miniaturized Devices:
Increasing Importance in the Future
Healthcare Value Chain**

Ignoring The Obvious in Clinical Practice

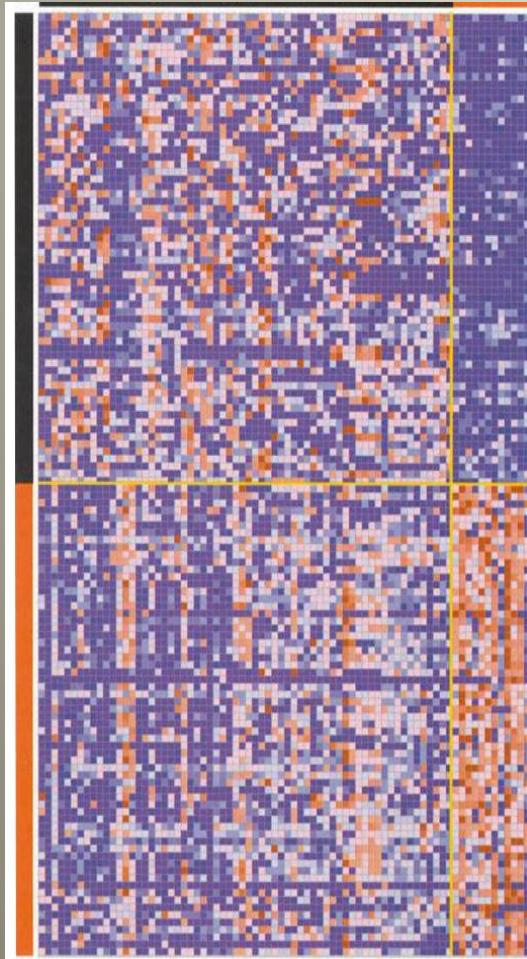


- diseases are not uniform
- patients are not uniform
- a “one-size fits all” Rx approach cannot continue



- inefficiency and waste of empirical Rx
- cost of futile therapy
- medical error and AEs

Rational Therapeutics and Personalized medicine: Key Drivers



Science

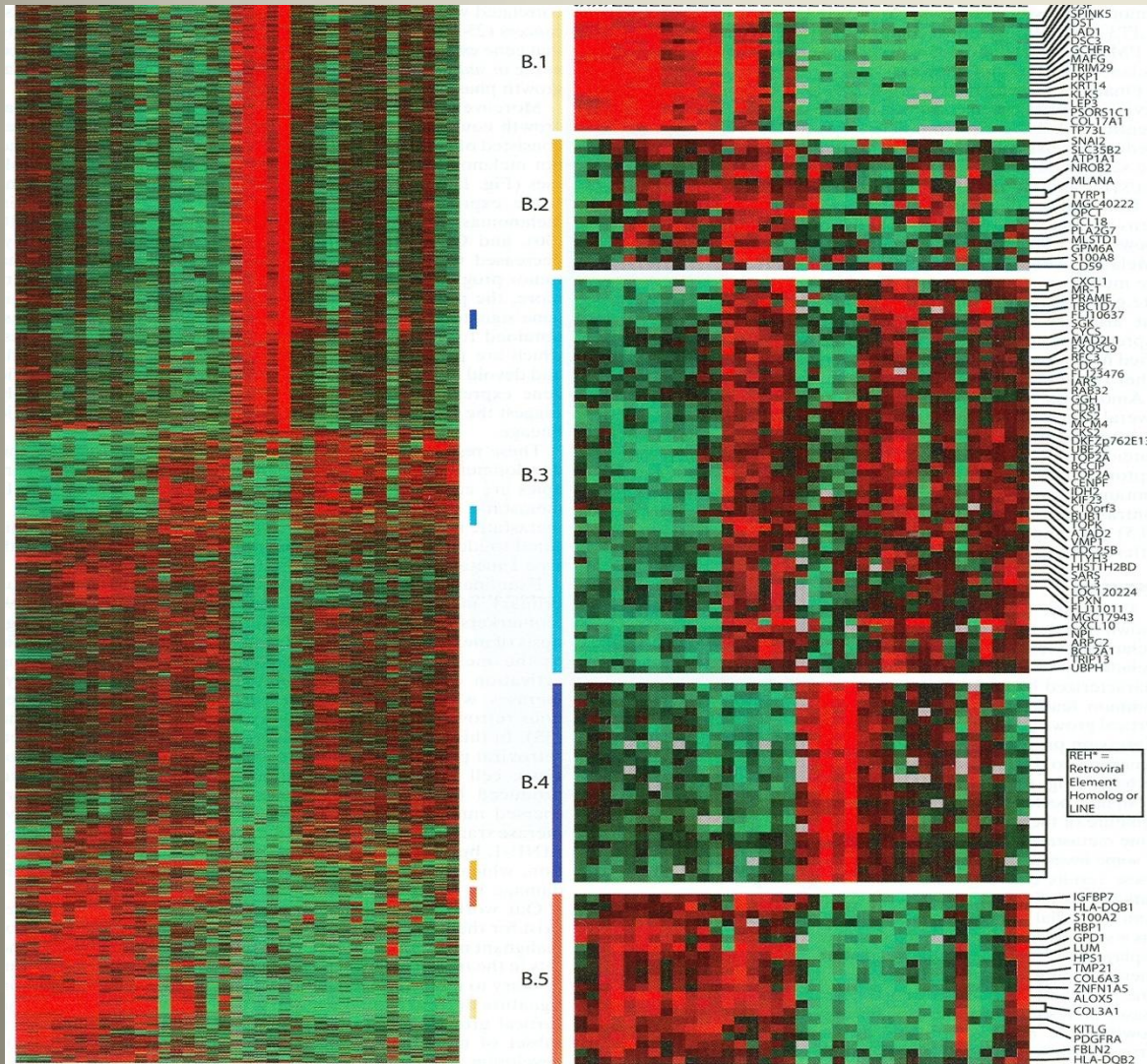


Policy



Cost and Outcomes

Disease Subtyping: Next-Generation Molecular Diagnostics (MDx) and A New Molecular Taxonomy of Disease



Dx Platforms

- massive parallelism
- miniaturization
- automation
- rapid
- POC

**RIGHT Rx
for
RIGHT DISEASE
SUBTYPE**

B1 skin, B2, melanocytes, B3, melanoma, B4 and 5 metastatic melanoma
From: C. Haqq et al. (2005) 102, 6092

Molecular Diagnostics and Disease Subtyping

“Riches in the Niches”



- right diagnosis, the first time
- right Rx selection, the first time
- rise of Dx-Rx combination
- Rx approval and labeling
- reimbursement only with obligate Dx?

The Emergence of Drug: Diagnostic Combinations

SELZENTRY™
(maraviroc) tablets



trofile™
CO-RECEPTOR TROPISM ASSAY

biosciences
monogram
The Mark of
Individualized Medicine

CAMPTO®
irinotecan



Invader® chemistry

THIRD WAVE
TECHNOLOGIES

COUMADIN®
(Warfarin Sodium Tablets, USP) Crystalline
1 mg 2 mg 2.5 mg 3 mg 4 mg 5 mg 6 mg 7.5 mg 10 mg



Bristol-Myers Squibb

Verigene® System



Nanosphere

5-Fluorouracil

tablets
Xeloda®
capecitabine



TheraGuide 5-FU®

A test to predict toxicity to 5-FU/capecitabine-based chemotherapy



MYRIAD®

Vectibix™
(panitumumab)
AMGEN

DxS Diagnostic
Innovations

K-RAS Profiling and Anti-EGFR Monoclonal Antibody Therapy



- greater response in patients with K-RAS versus mutant-
- estimated \$604 million/year savings (ASCO)



regulatory demand



clinical guidelines



- regulatory inertia



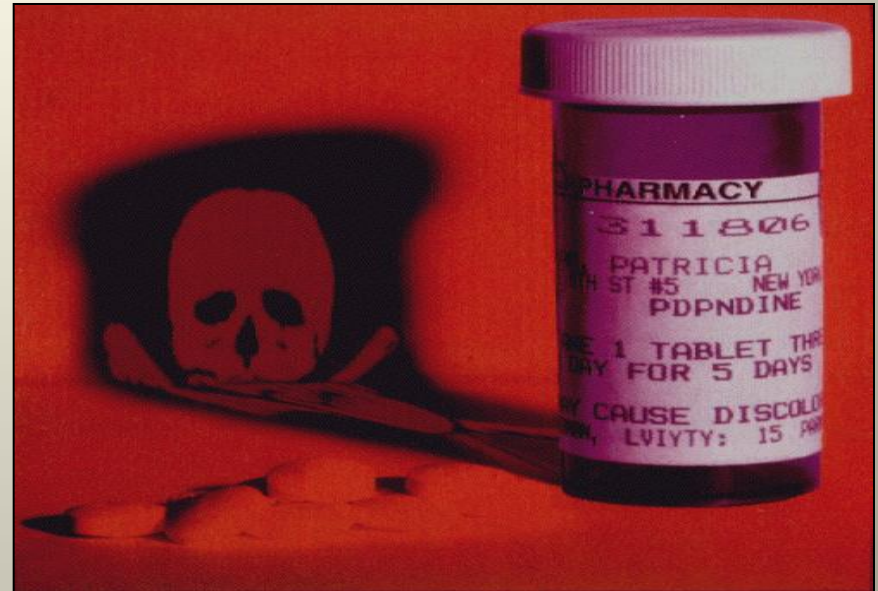
- payor adoption

Molecular Diagnostics and Targeted Therapeutics

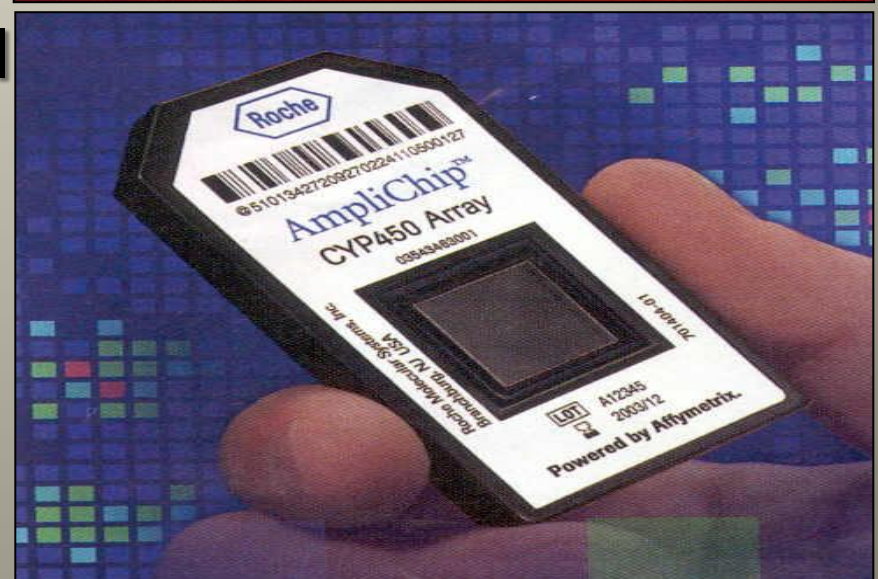
- premium pricing for predictable Rx outcomes
- pay-for-performance (P4P)



Pharmacogenetic Predisposition to Adverse Drug Reactions



- 1.5 to 3 million annual hospitalizations (US)
- 80 to 140 thousand annual deaths (US)
- est. cost of \$30-50 billion





REMS:

Risk Evaluation and Mitigation Strategies

Product	Manufacturer
Plenaxis (abarelix) * for prostate cancer	Praecis
Lotronex (alosetron) for irritable bowel syndrome	Prometheus
Letairis (ambrisentan) for pulmonary arterial hypertension	Gilead
Tracleer (bosentan) for pulmonary arterial hypertension	Actelion
Clozaril (clozapine), Fazaclo ODT (clozapine) for schizophrenia	Novartis, Azur and generics
Tikosyn (dofetilide) for atrial fibrillation/atrial flutter	Pfizer
Soliris (exulizumab) for paroxysmal nocturnal hemoglobinuria	Alexion
Ionsys (fentanyl hydrochloride) *, Actiq (fentanyl citrate) for pain	Alza, Cephalon
Accutane (isotretinoin) for acne	Roche and generics
Revlimid (lenalidomide) for myelodysplastic syndromes and multiple myeloma	Celgene
Mifeprex (mifepristone) for pregnancy termination	Danco
Tysabri (natalizumab) for multiple sclerosis and Crohn's disease	Biogen Idec/Elan
ACAM2000 (smallpox vaccine, live)	Acambis
Xyrem (sodium oxybate) for daytime sleepiness and cataplexy	Jazz
Thalomid (thalidomide) for multiple myeloma and leprosy	Celgene
* <i>Plenaxis and Ionsys are currently not marketed in U.S.</i>	

Pink Sheet (2008) 31 March, p. 7



**Alert
7/24/08**

- **update labeling for Abacavir (Ziagen) to require pre-therapy screening for HLA-B*5701 allele to avoid fatal hypersensitivity**

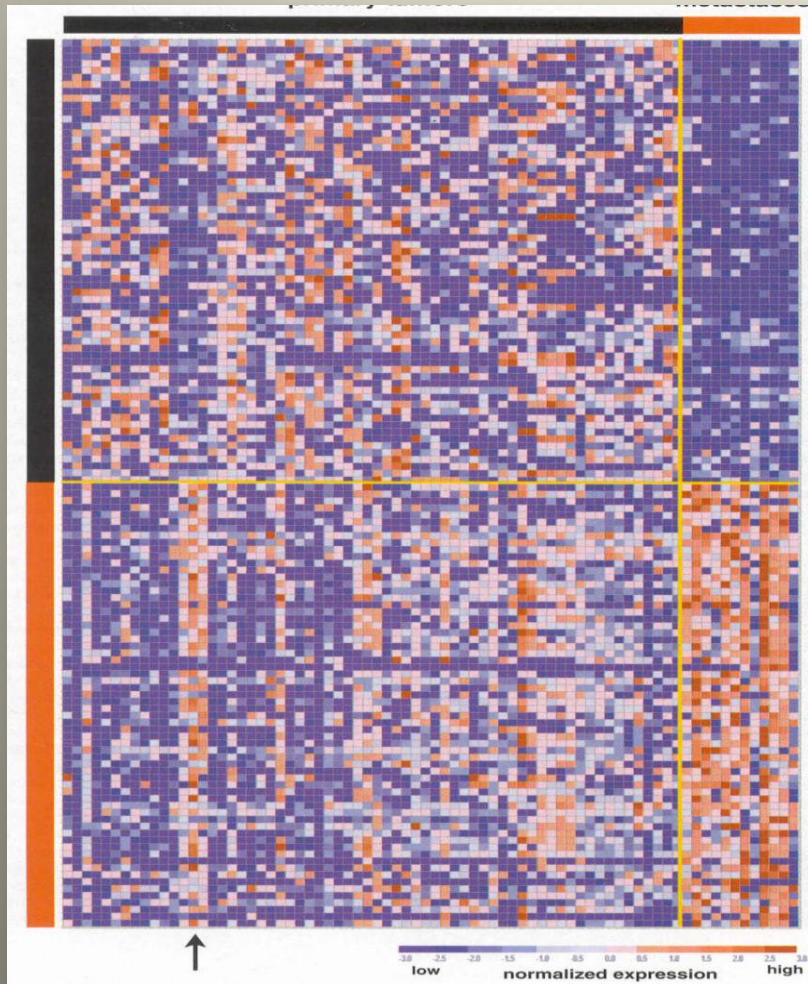


Table of Valid Genomic Biomarkers in the Context of Approved Drug Labels

http://www.fda.gov/cder/genomics/genomic_biomarkers_table.htm

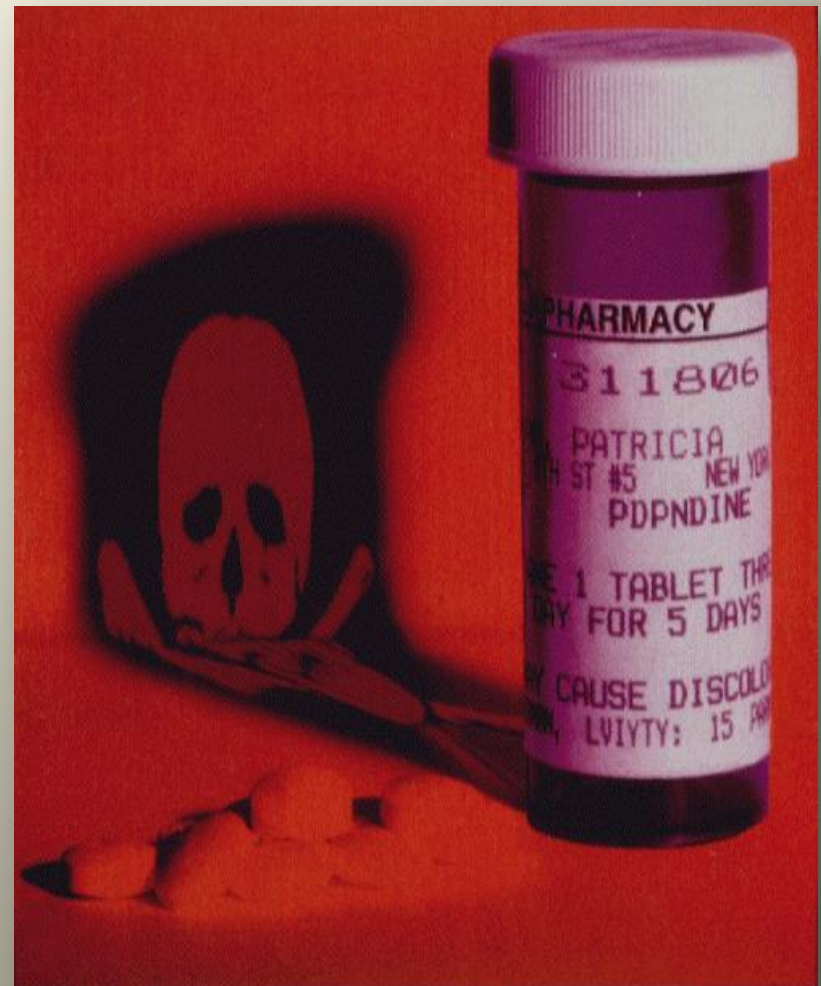
From Pharmaceuticals to Pharmasuitables

Disease Subtyping:



Right Rx for Right Disease

Individual Variation and AE risk



Right Rx for Right Patient

Personalized Medicine

The Initial Era: Targeted Rx

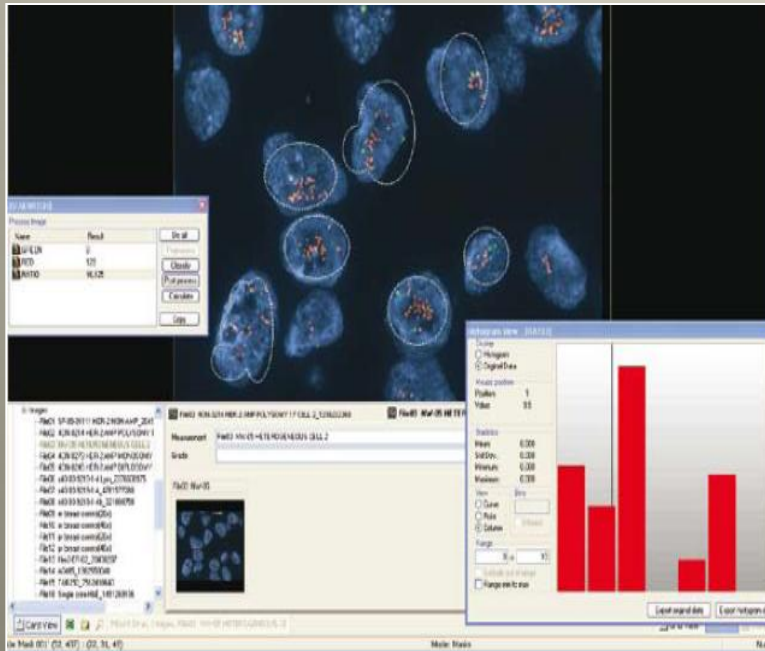
- **opening era in linking disease molecular pathology to rational Rx**
- **increasing payor, regulatory and public pressures for reliable ID of Rx-responsive patients**
- **demand for Dx-Rx combinations will intensify**
- **Dx-Rx combination will become an obligate element of NDA/BLA submission and product labeling**
- **development of Dx-Rx combinations as intrinsic components of R&D programs for investigational Rx**

New Technology Platforms for Molecular Diagnostics






Automated Image Analysis and Digital Pathology

“Virtual Pathology”

- automated high throughput capabilities
- greater efficiency of machine-based image analysis
 - no observer fatigue
 - reduced inter-observer variability
- quantitative analysis
- crucial importance of standardization
- global sourcing for 24/7 coverage



Trends in Mapping Diagnostic Signatures of Health and Disease

- unianalyte  ● multiplex
- simple analytical endpoint(s)  ● complex analytical algorithms
- technician dependent 
 - high throughput automation
 - lab-on-a-chip
 - remote fault-diagnostics/repair
- centralized laboratory 
 - migration to POC
 - wireless remote monitoring
- population-based reference index  ● individualized profile and longitudinal person record as reference index

Deriving Value from “-Omics”

The Challenge of Biomarker Validation

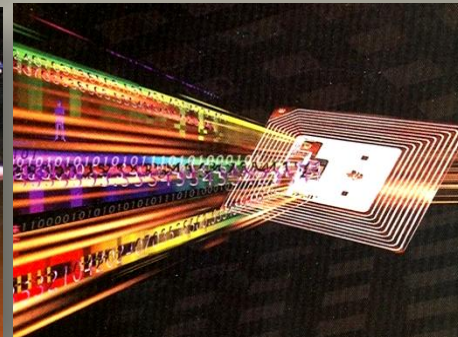
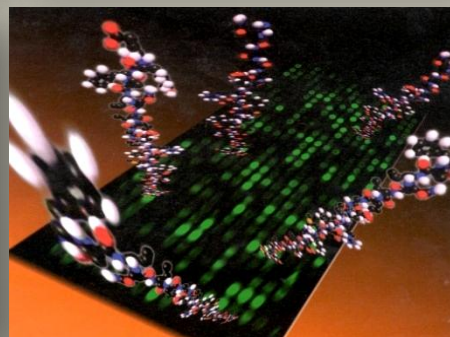
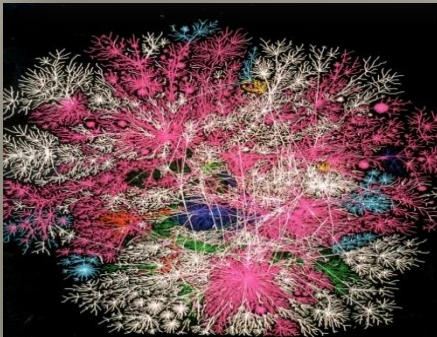
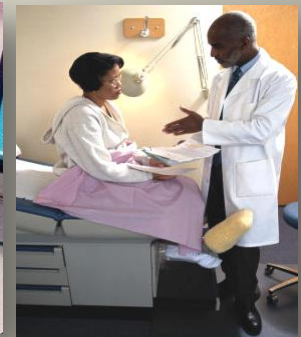
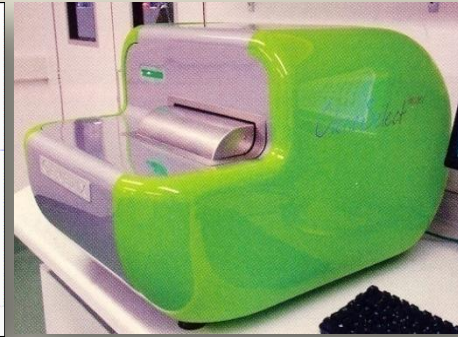
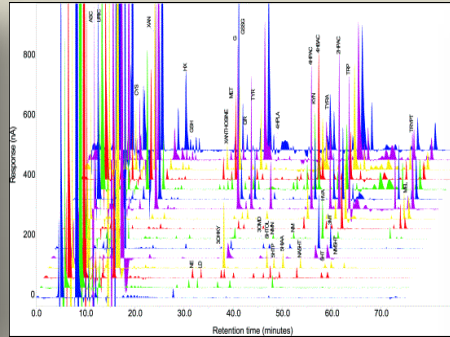
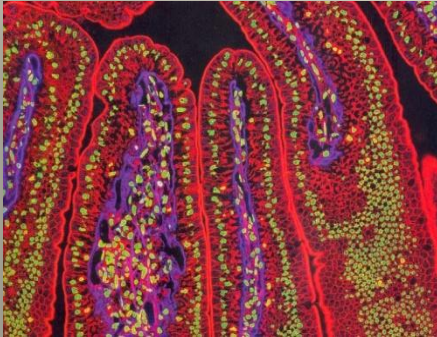
Genomic, Proteomic and Metabolomic Data

- **useful only when correlated with additional parameters**
 - **clinical outcomes**
 - **clinical utility**
 - **actionable information**
 - **demonstrable economic value**

Biomarkers And Novel Molecular Diagnostics (MDx)

- **literature dominated by anecdotal studies**
 - **academic laboratories**
 - **small patient cohorts**
 - **limited replication and confirmatory studies**
- **lack of standardization**
- **very few biomarkers subjected to rigorous validation**
 - **case-control studies with sufficient statistical power**
 - **inadequate stringency in clinical phenotyping**
- **widespread lack of understanding of regulatory requirements**
 - **complexities imposed by multiplex tests**
 - **new regulatory oversight**

Identification and Validation of Disease-Associated Biomarkers: Obligate Need for a Systems-Based Approaches



**Biospecimens
and
Molecular
Pathway
Analysis**

**Biomarker
Validation
and
Multiplex Assays**

**Instrumentation
and
Informatics**

**Clinical
Impact
and
Patient
Monitoring**

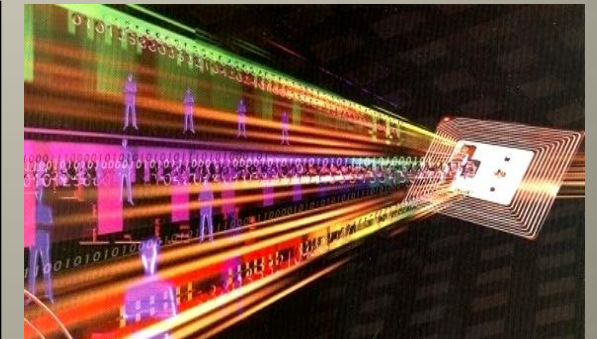
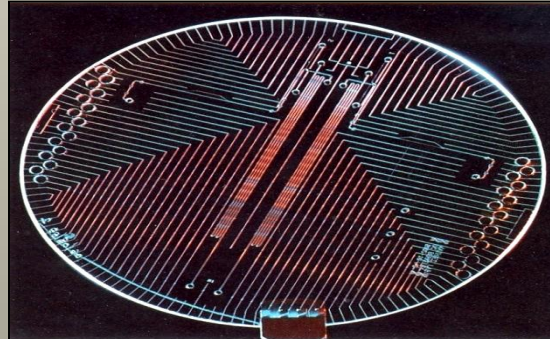
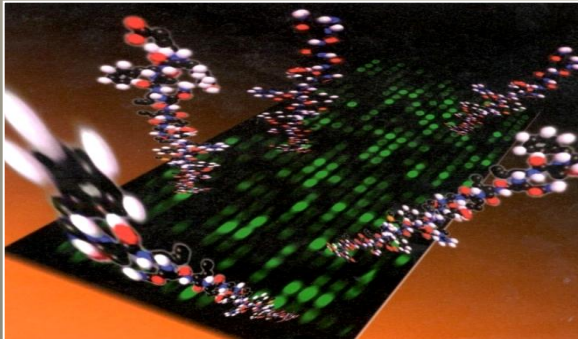
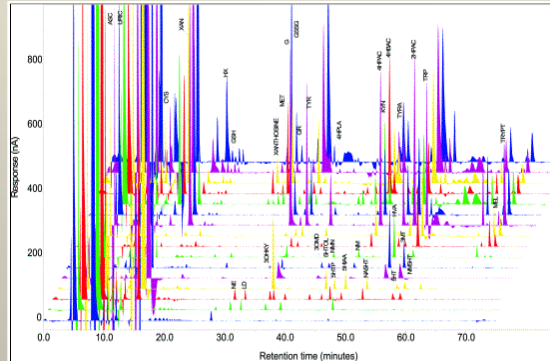
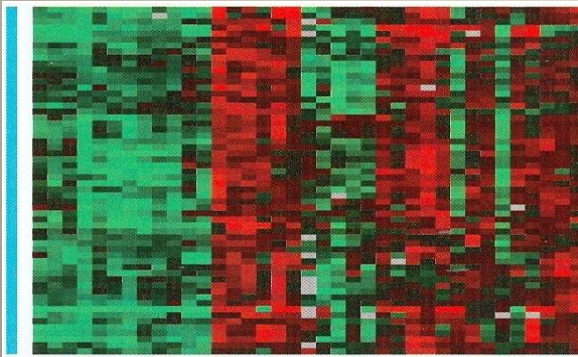
Development of Molecular Diagnostics and Biomarkers for Personalized Medicine: The Need for End-to-End R&D Solutions

Complex Biosignature Profiling

genomics

proteomics

immunosignatures



Signature Detection, Deconvolution and Multivariate Analysis

multiplex assays

**novel test
devices (POC)**

new algorithms

Next-Generation Molecular Diagnostics and New Patterns of Regulatory Oversight

In Vitro Diagnostic Multiplex Index Assay (IVDMIAs)

- patient-specific result (score or index)
- analytical/interpretational algorithm non-transparent to end user
- result cannot be independently derived or confirmed by another laboratory without access to **proprietary** information used in the development and derivation of the test

Genentech Citizen Petition to the FDA on Laboratory-Developed Tests (LDTs)



“request FDA regulatory jurisdiction over all LDTs” December 2008



“Genentech’s proposal poses a chilling effect on innovation in patient care while stifling the promise of personalized medicine.”

January 2009

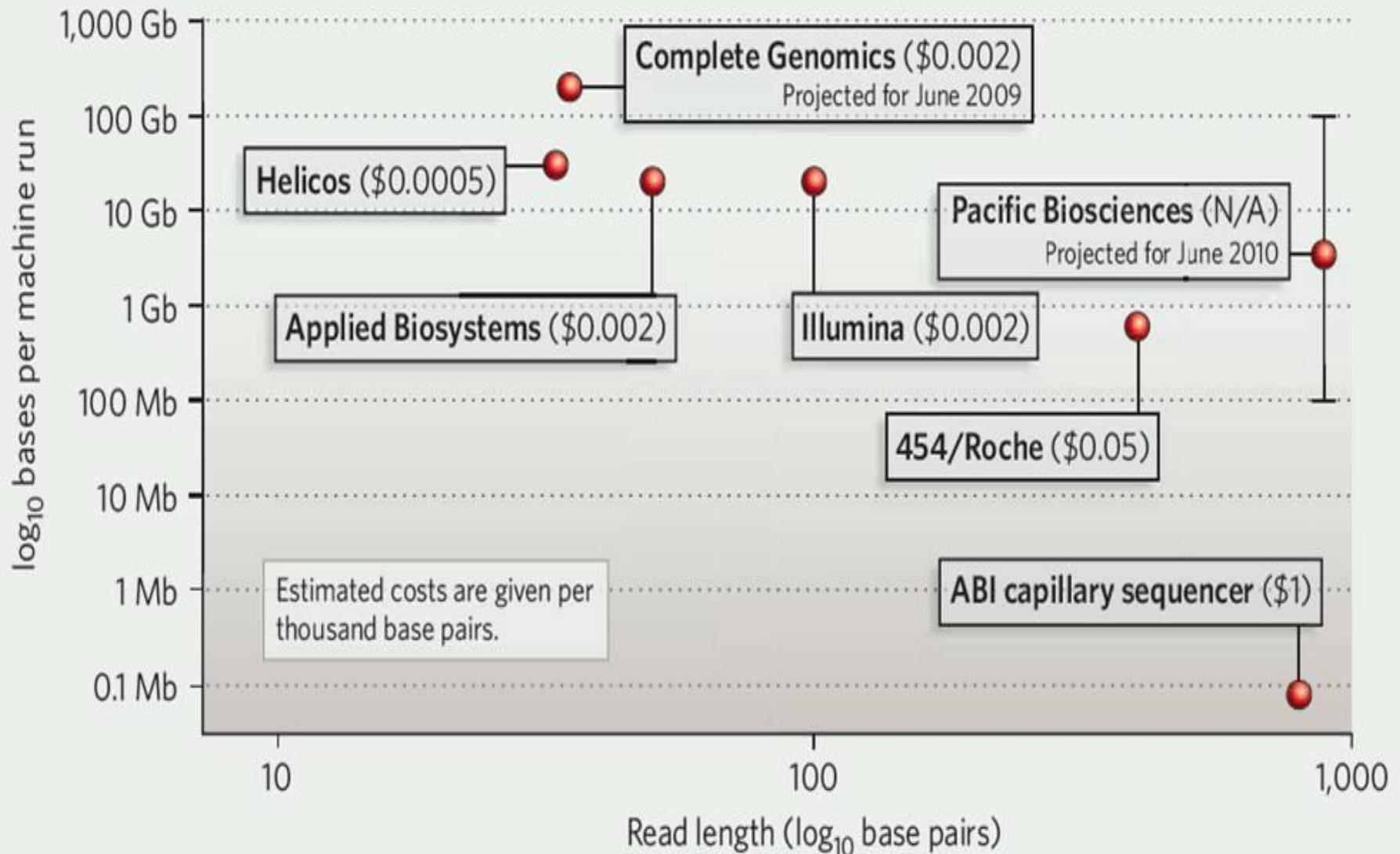


“These new regulations will fundamentally change the way we get around them”.

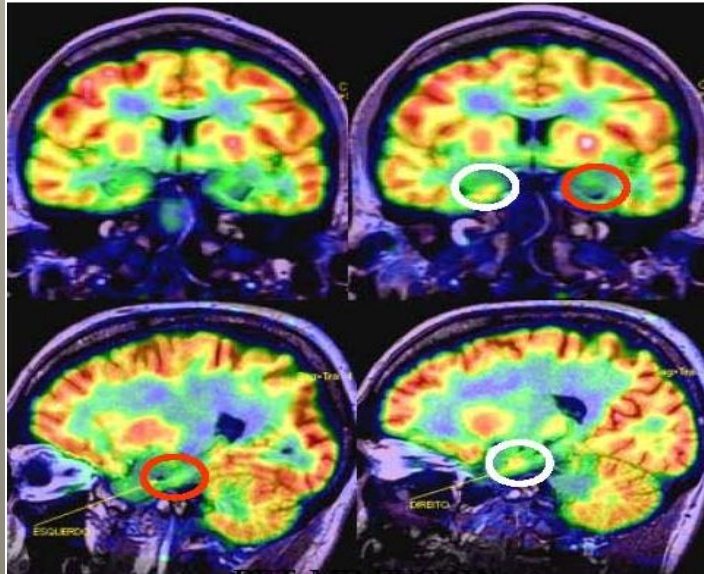
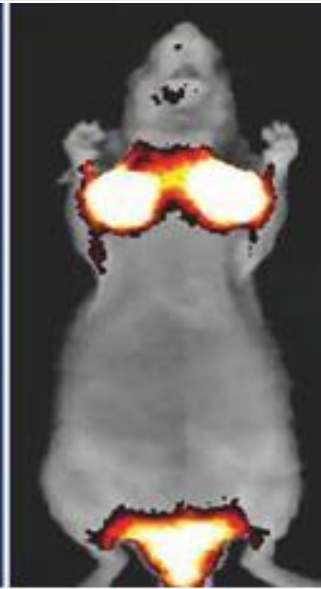
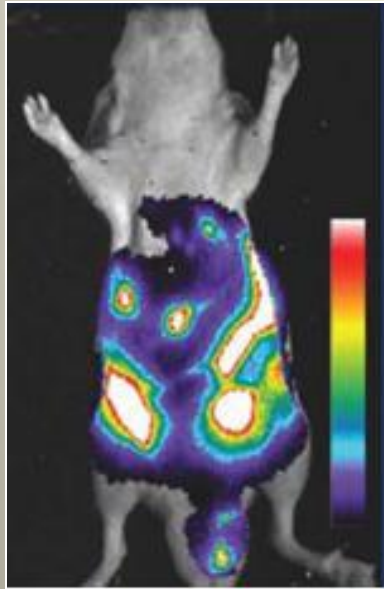
**Will Lost Cost Sequencing
Change Everything?**

THE SEQUENCING RACE (Nature 2009, 457, 768)

The increasingly crowded market for genome-sequencing machines includes new entrants looking to push the boundaries in both speed and accuracy.



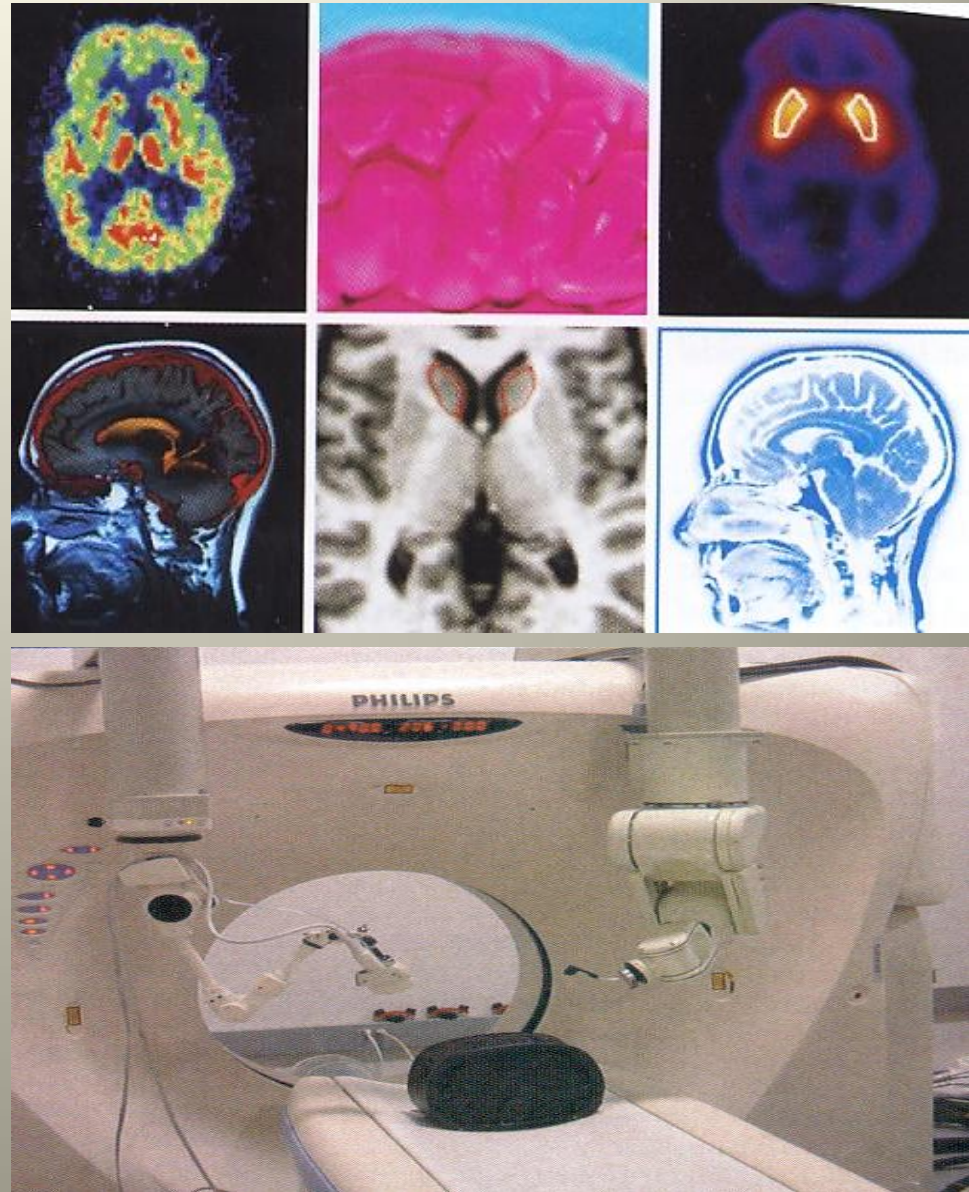
In Vivo Imaging



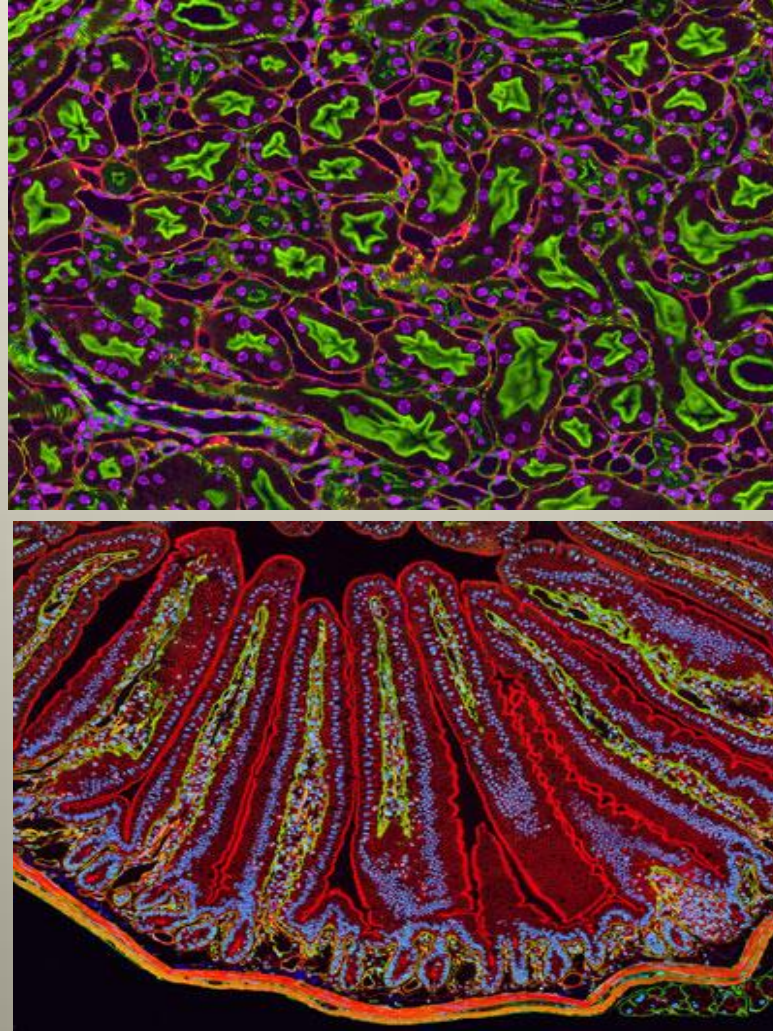
Nanoscale Systems and Targeting Materials to Specific Body Locations

Application

- next-generation body imaging for resolution of specific cell types/metabolic activities (versus current whole organ profiling)
- advanced drug and gene delivery systems for target specific localization and release



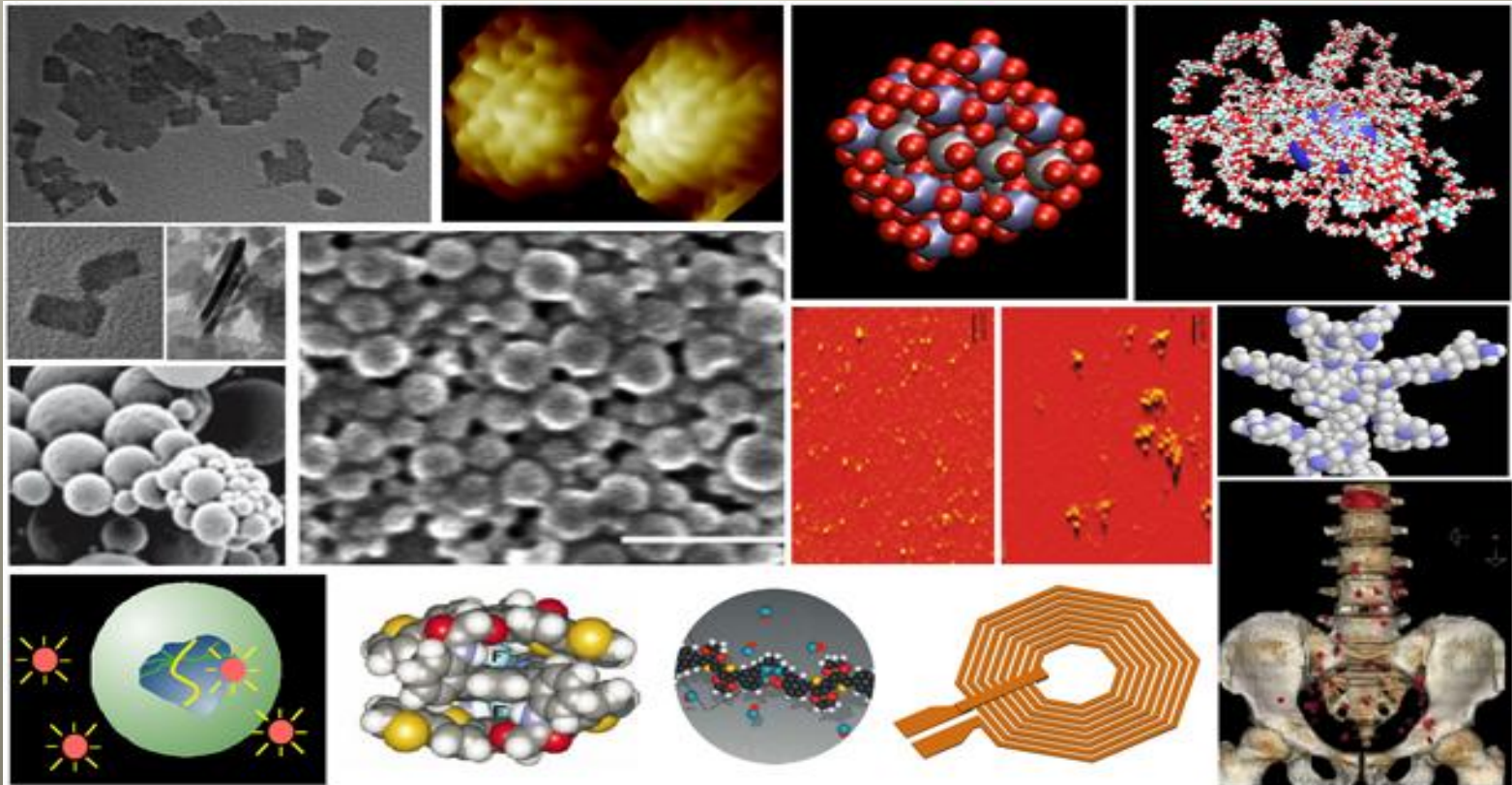
Q-Dots and Next-Generation Imaging Probes



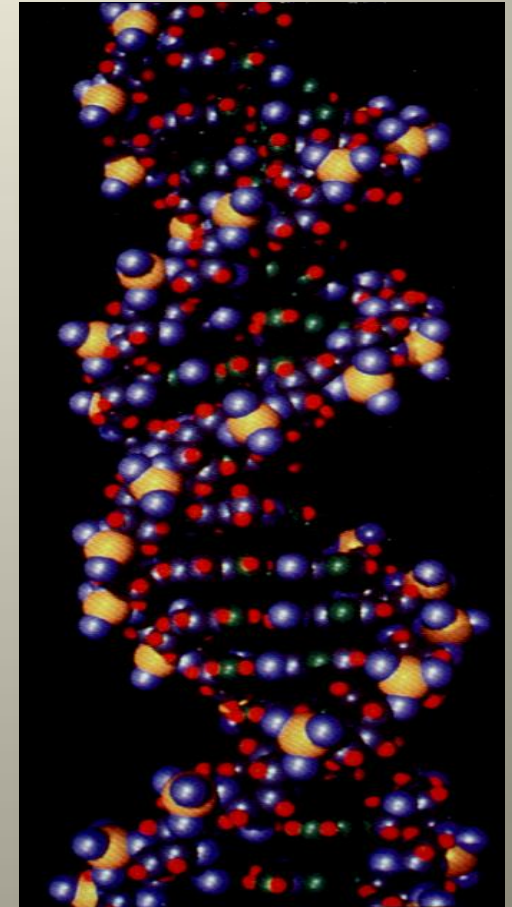
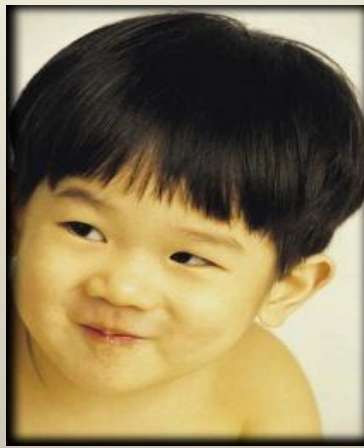
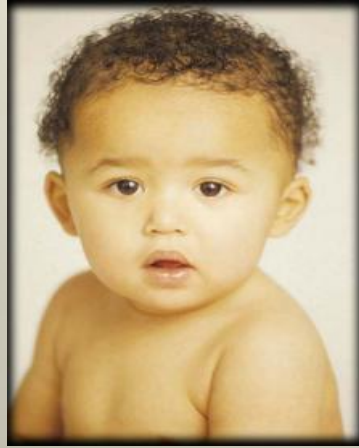
Use of near-IR probes for deep tissue analysis and real-time scanning

Interactions of Nanoparticles with Living Systems

- complexity of particle composition, geometry and routes of distribution
- complexity of biological processes involved in recognition, transport and disposal
- societal needs for information on safety



Personalized Medicine: Disease Predisposition Profiling



Disease Predisposition Risk Profiling for Common, Multigenic Late-Onset Disorders

- **slower evolution than many predict**
- **Genome-Wide Association Studies (GWAS)**
 - **high cost, complexity and poor replication**
 - **multiple low penetrance alleles**
- **substantial ambiguities regarding probabilistic risk of overt diseases**
 - **epistasis**
 - **epigenetics**
 - **environmental confounders**
 - **source of poor replication of GWAS studies?**

The premature quest to provide consumer genomic testing (CGx) for future risk of major diseases

DNAdirect
Your Genes In Context



Consumer Genetics
Bringing Science Home

CyGene
LABORATORIES

GeneLink

GENECARETM
Medical Genetics Center

GENETIC TECHNOLOGIES, INC.
DNA / FORENSIC / PATERNITY TESTING

geneleX

g-Nostics



Graceful Earth

Health Alternatives: Customized Dietary, Nutritional and Herbal Information

HealthCheckUSA

**INTERLEUKIN
GENETICS**

Empowering

MediChecks.com

23andMe

NEUROMARK

SURACELL
Personal Genetic HealthTM



The International

TLC-Wellbeing Clinic

Wellbeing through Science, Nutrition and TLC.

Est. 1987. Treating Clients in over 100 Countries.



Navigenics



KnomeTM



ScientificMatch.com
"The Science of Love"

Consumer Genomics: Predisposition Risk Profiling for Late Onset, Multigenic Diseases

- **validity of claimed gene-disease associations**
- **communication of probabilistic risk**
- **health literacy and consumer response to ‘risk’ information**
- **effectiveness in motivating health improvements**
- **role of MD and/or genetic counselors in request/interpretation of test in varied care settings**
- **psychological impact on future behavior and knowledge of familial implications**

Personal (Consumer) Genomics

- choice and personal empowerment

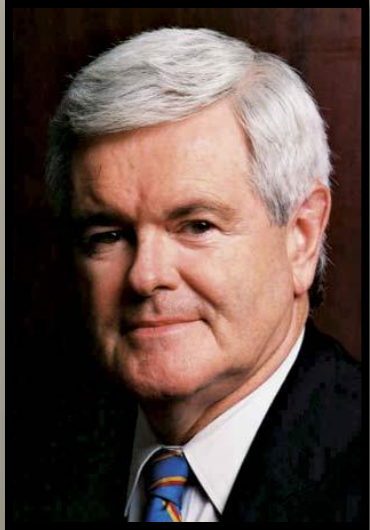
versus

- medical profession and state protectionism
- evidentiary standards and regulation

Molecular Profiling and Biomarkers for Improved Diagnosis and Rational Therapeutics

**If you build it
will they pay?**

Misaligned Reimbursement Incentives: Rewarding Process Versus Results



**“You have a (healthcare) system that traps us
into bad performance
because it’s the only way you can bill”**

**Hon. Newt Gingrich
Medical Device Daily (2009) 27 Jan. p8**

“If it isn’t billable – it isn’t going to happen!”

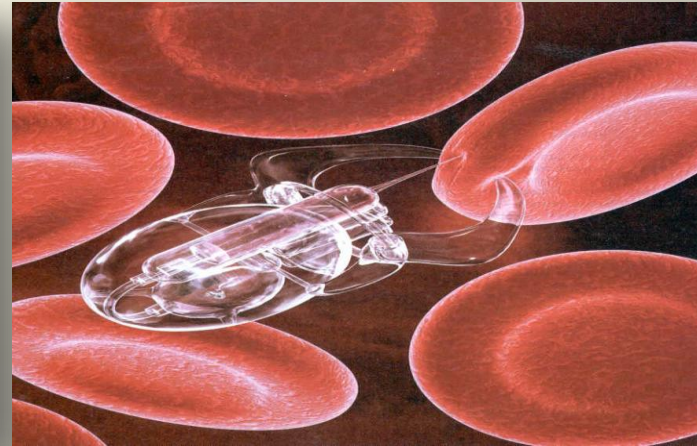
Reimbursement for Diagnostic Tests

The Imperative for Value-Based Pricing versus Current Cost-Based Models

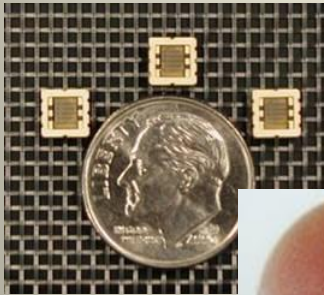
- **inadequate US Medicare coding and payment mechanisms**
 - **out moded, out-dated, lacking in transparency, inconsistently applied**
- **inappropriate assignment of existing CPT codes to new tests**
- **engagement of third party payers who derive economic/clinical value from new Dx**

Health Status Monitoring and the Promotion of Wellness

On Body: In Body Sensors/Devices For Real Time and Remote Monitoring of Individual Health Status



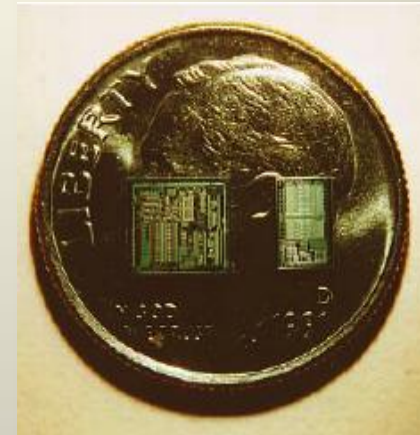
OBIBS and Body Area Networks (BAN's) for Remote Monitoring of Health



Microtags



In-Body Wireless Tags



Sensor on a Chip



**“Savings from broad-band remote monitoring
for all chronically ill patients
are potentially quite remarkable
....as much as 30 percent
of all hospital, out-patient and drug expenses”**

**Robert Litan
Kaufman Foundation December 2005**

**cited in: Advancing Healthcare Through Broadband
Internet Innovation Alliance White Paper 2007**

On Body: In Body Sensors and Devices

Objective

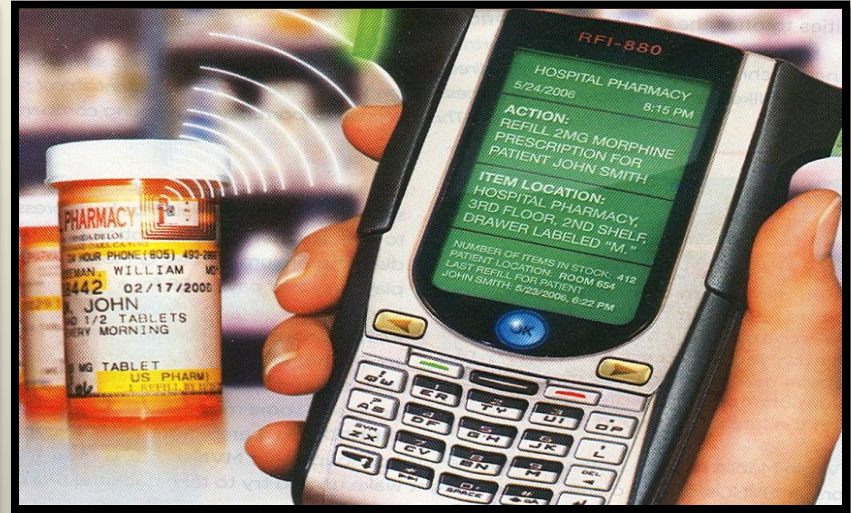
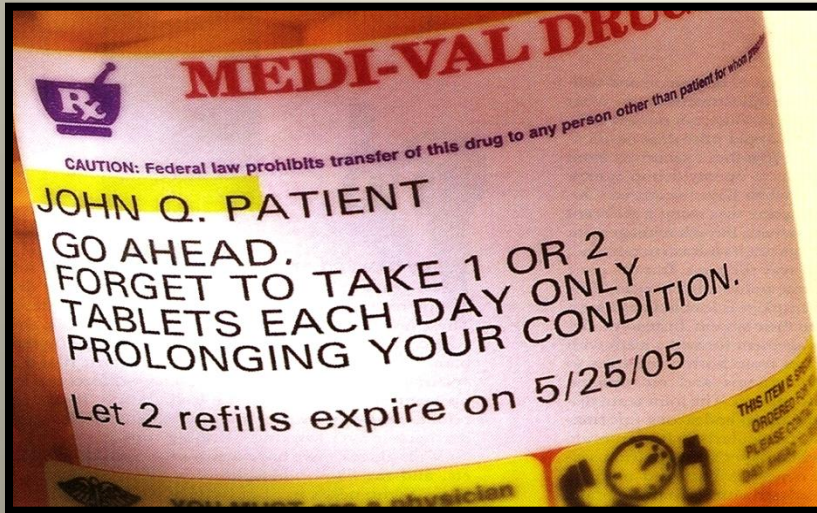
- remote monitoring of health status



Applications

- multi-feature monitoring and broadband wireless networks
 - ubiquitous sensing
- enhanced autonomy for in-home aged
- proactive alerting and intervention to mitigate health incidents
- monitoring of patient compliance
- coupled linkage to remote Rx dispensing for efficient disease management

The Costs of Non-Compliance with Rx Regimens



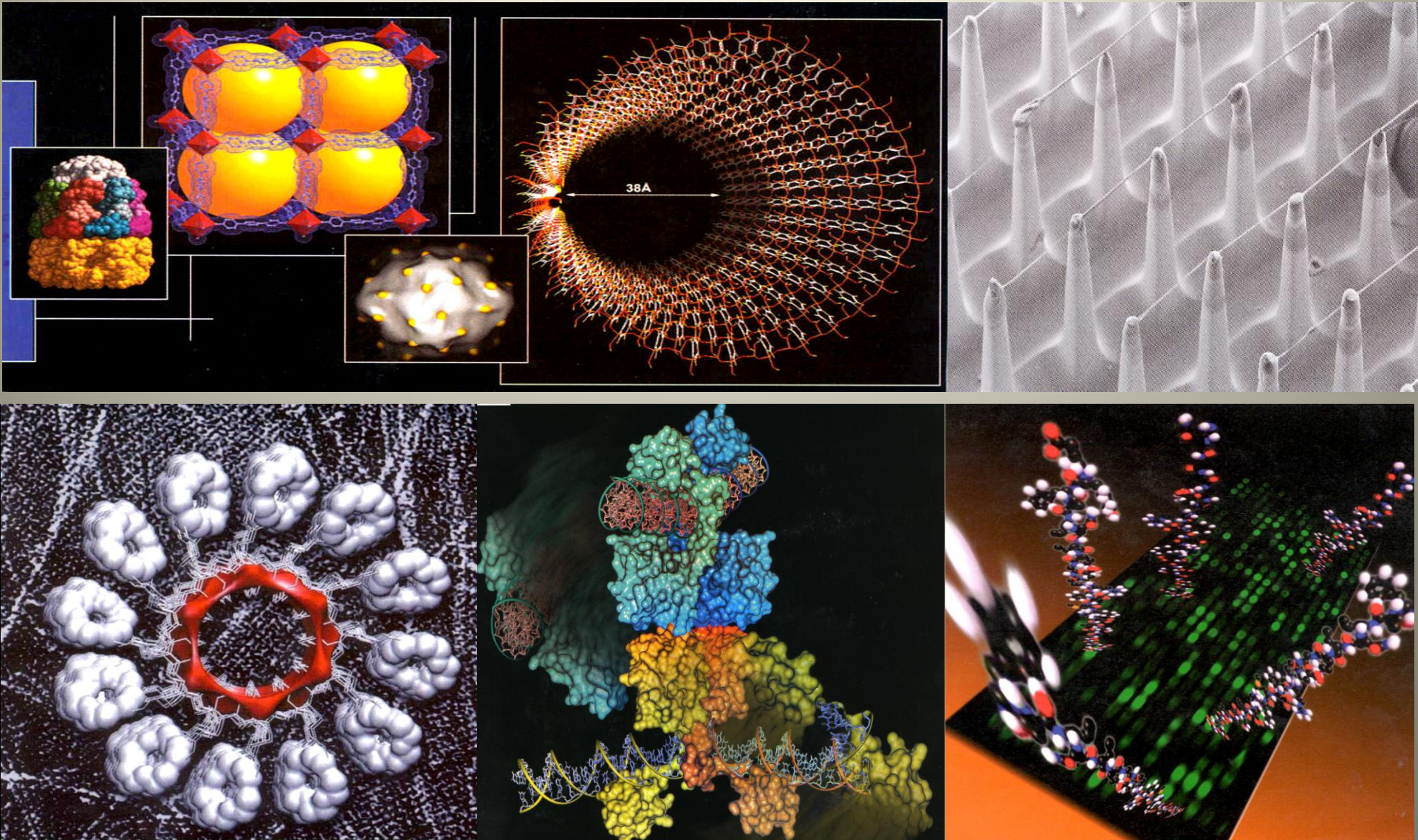
- **\$177 billion projected cost**
- **20 million workdays/year lost (IHPM)**
- **40% of nursing home admissions**
- **projected 45-75% non-compliance (WHO)**
- **50-60% depressed patients (IHPM)**
- **50% chronic care Rx (WHO)**

Ubiquitous Sensing: (Ambient Intelligence)

Instant Information: Anything, Anywhere, Anytime

- **miniaturized sensors and a monitored world**
 - **healthcare, agriculture, ecosystems, infrastructure, security**
- **from deep blue to deep space to inner space**
- **“intelligent” adaptive sensor networks**
- **global connectivity and network information architecture(s)**
- **rich data streams for monitoring population-based activities and social networks**
- **complex legal, ethical and social implications**

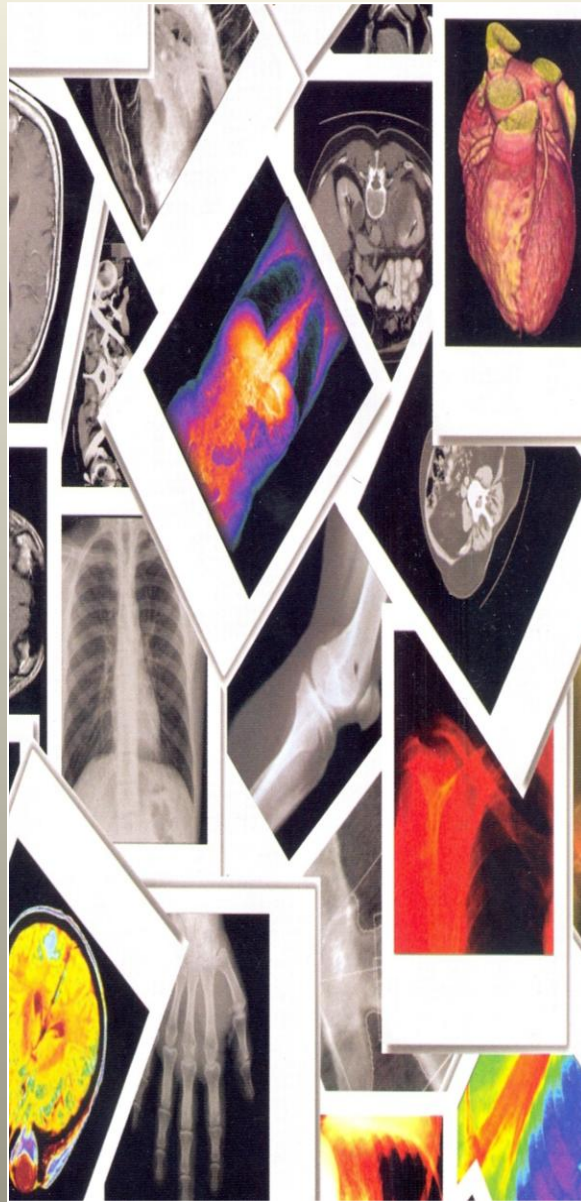
Novel Materials, Nanoscale Molecular Assembly and Bio-inspired Diagnostics and Sensors



Directed Molecular Assembly (DMA) and Design of Novel Diagnostics, Sensors and Devices

- **micro- and nano-fabrication technologies**
- **organic: inorganic and biotic: abiotic coupling**
- **‘intelligent’ and self-assembling systems**
- **biosensing and biofunctional materials**
- **shape-memory materials**
- **‘Lab-on-a-Chip’ (LOC) and Point-of-Care (POC) diagnostic platforms**
- **‘smart’ (targeted) drug delivery and cytomimetic materials**
- **novel power systems for on-body: in-body sensor and device systems (OBIBs)**

How Much New Technology Can We Afford?



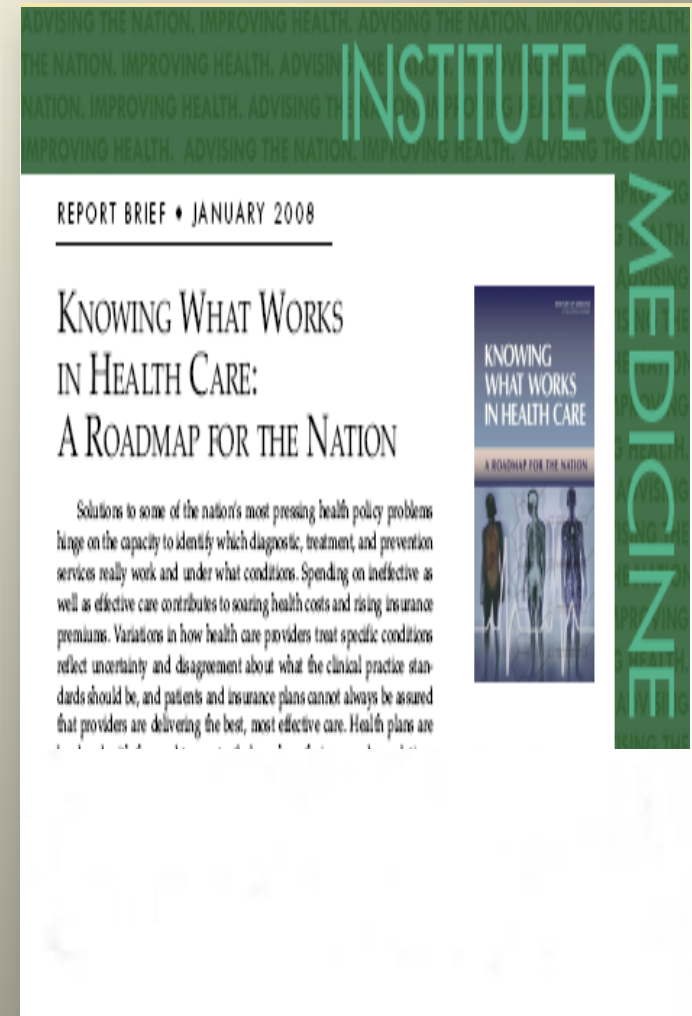
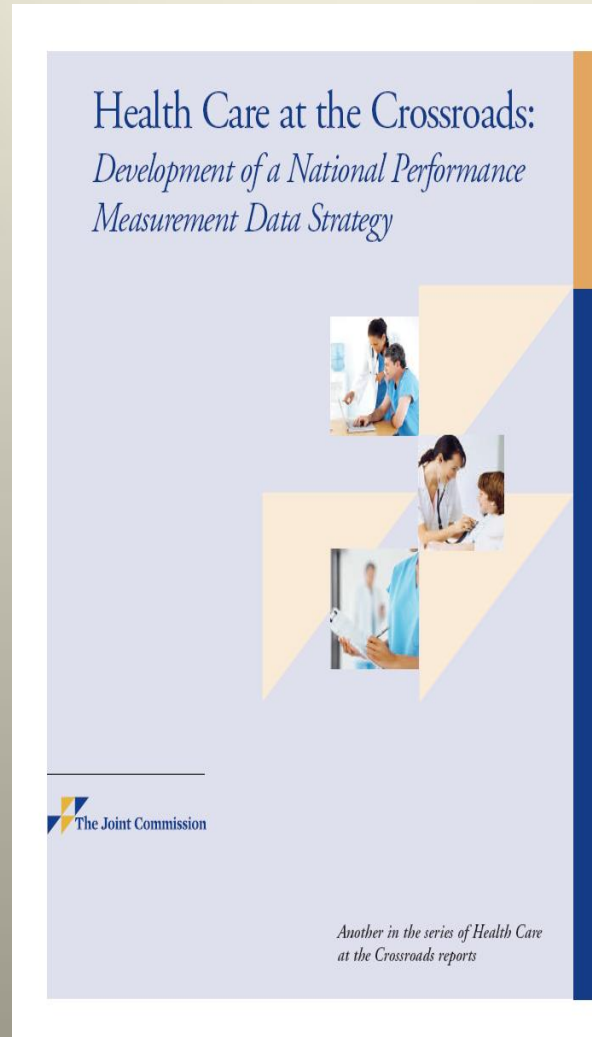
Knowing What Works (or Doesn't)

- Pervasive Inefficiencies and Errors in Healthcare Created by Empirical Care and Lack of Robust Outcomes and Performance Data



The High Price of the Lack of Evidence

- **\$2.3 trillion healthcare economy**
- **\$110 billion R&D investment**
- **\$0.9 billion on technology assessment**
- **additional \$1.2 billion in 2009 “stimulus” package**



Measurement of Performance and Quality in Healthcare Delivery

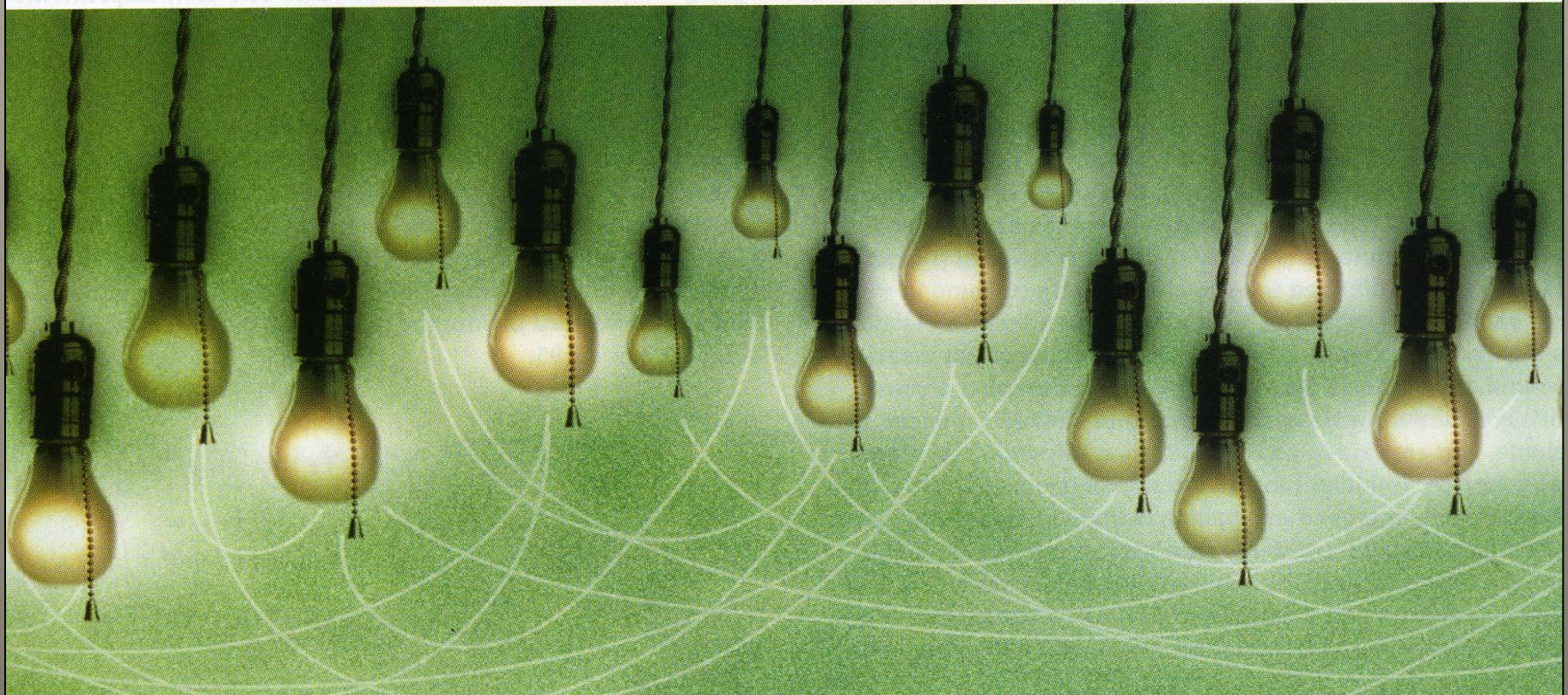
- **continued investment in low-priority/high cost care over high-benefit care exacerbates current market distortions**
- **new incentives**
 - **superior clinical and economic outcomes via coordinated care in chronic disease**
 - **shift focus from reimbursement of uncoordinated procedures/interventions to rewards for disease mitigation and wellness**

**“Not everything that counts can be counted,
and not everything that can be counted, counts”
Albert Einstein**

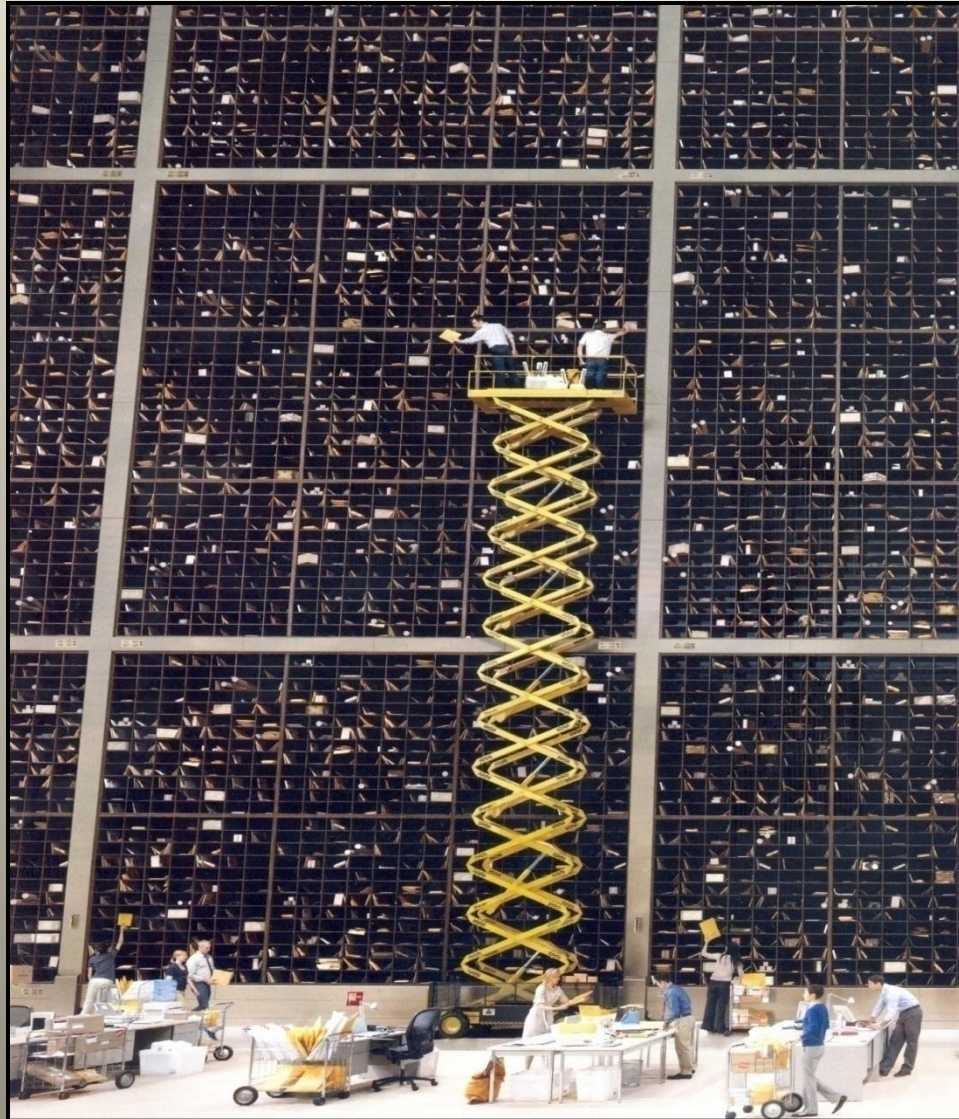


Information-Based Medicine

HELL IS THE PLACE WHERE NOTHING CONNECTS — T.S. ELIOT

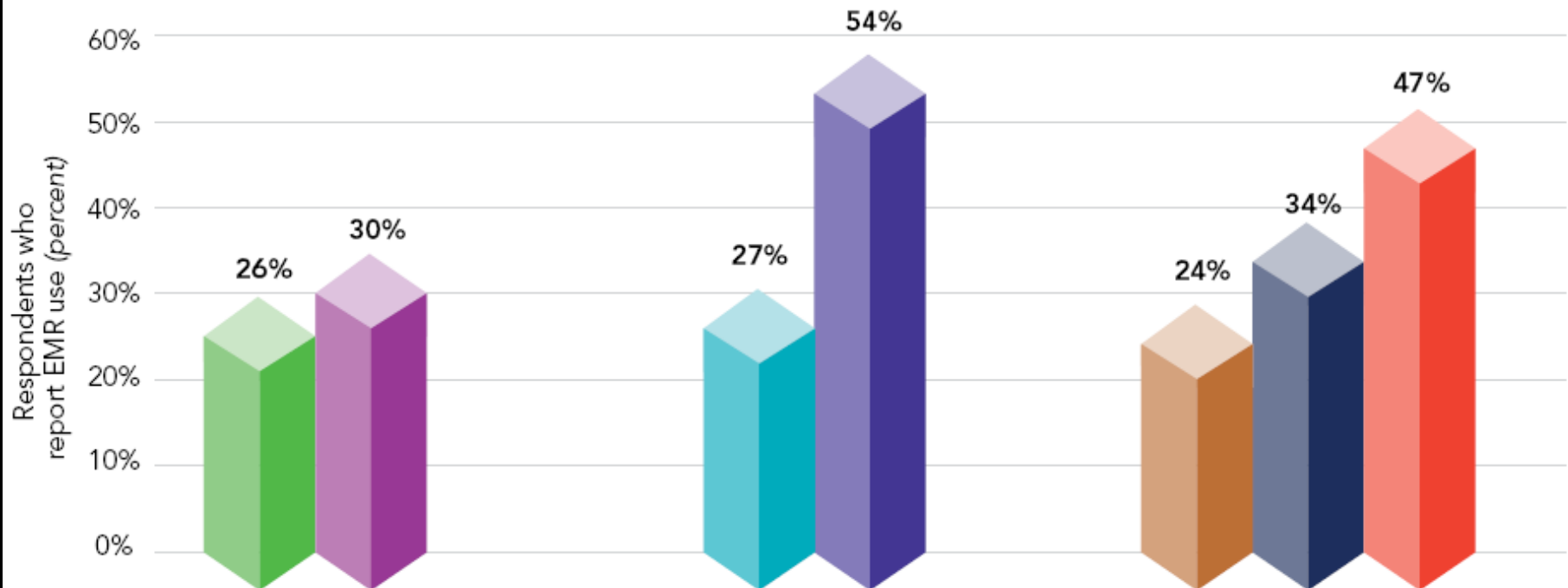


Paper Kills!: **The Inefficiencies and Risks Created by Sustained Dependence on Paper Healthcare Records**



Electronic Medical Records Use by Healthcare Providers

- Have EMR (% of all respondents, 2006)
- Have EMR (% of all respondents, 2008)
- Use EMR, are not part of any healthcare system (2008)
- Use EMR, are part of a healthcare system (2008)
- Percentage small practices using an EMR (2008)
- Percentage mid-sized practices using an EMR (2008)
- Percentage large practices using an EMR (2008)



Source: The Healthcare Information and Management Systems Society, 2008

American Recovery and Reinvestment Act (ARRA) 2009

- **\$19 billion for healthcare IT**
- **Medicare payment up to \$44K for physician with qualifying EHRs (2011)**
- **Medicare reductions for physicians/hospitals that lack qualifying HER by 2014**
- **CPOE by 2011 to qualify for Medicare incentive payments**
- **HITECH: separate new law embedded in ARRA**
 - **Health Information Technology for Economic and Clinical Health Act**
 - **policies/standards for national Hlx network**

Consumer Directed Healthcare Plans

**“Until the person receiving the product is responsible
in some fashion for the costs,
there will be no incentive to spend responsibly”**

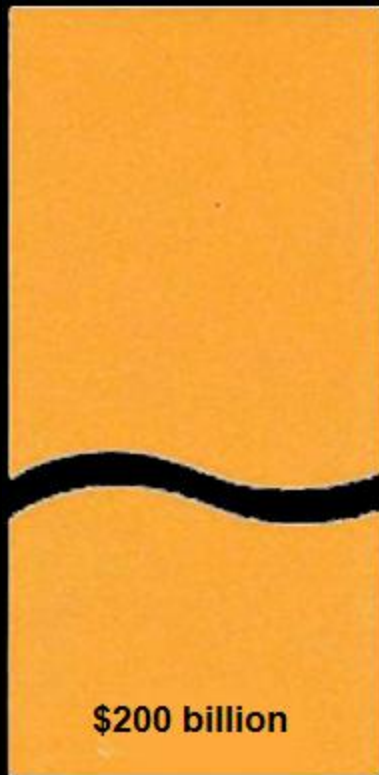
**Scott Serota
CEO, BCBS Association of Chicago
Chief Executive Magazine, March 2007 p. 50**

After a Short Stay in America, Michelangelo's David Returned to Europe



Annual Excess Healthcare Costs Related to Consumer Behavior

Conditions related to
obesity and overweight



Smoking

\$191 billion

to

Non-adherence
to drug regimens

\$177 billion

Alcohol abuse

\$2 billion

Source: RTI International & Center for Disease Control and Prevention (200), Datamonitor (2007), Americas Health Insurance Plans (2007), Commonwealth Fund (2007), Agency for Health Research and Quality (2003), Analysis by PricewaterhouseCoopers' Health Research

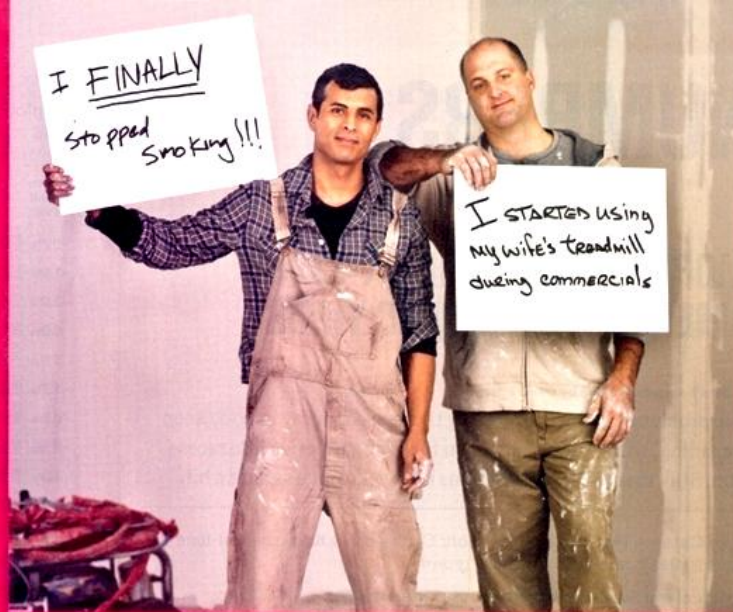
Personalized Medicine: Consumer-Centric Healthcare: A Key Driver

- **clinical and economic benefits of coordinated care of complex chronic conditions**
- **cost-shifting to consumers**
- **cost-driven transitions from ‘passive patient’ to ‘engaged consumer’**
- **lifestyle and disease risk mitigation**
- **new information intermediaries**

Personalized Medicine: A Broader Perspective

Wellness:

- economic and societal pressures for increased consumer responsibility for wellness
- remote monitoring of individual health status
- crucial role of healthcare information systems
 - integrated Rx care for complex chronic conditions
 - outcomes metrics and comparative effectiveness
 - earlier detection of disease episodes and risk mitigation
- wellness versus illness



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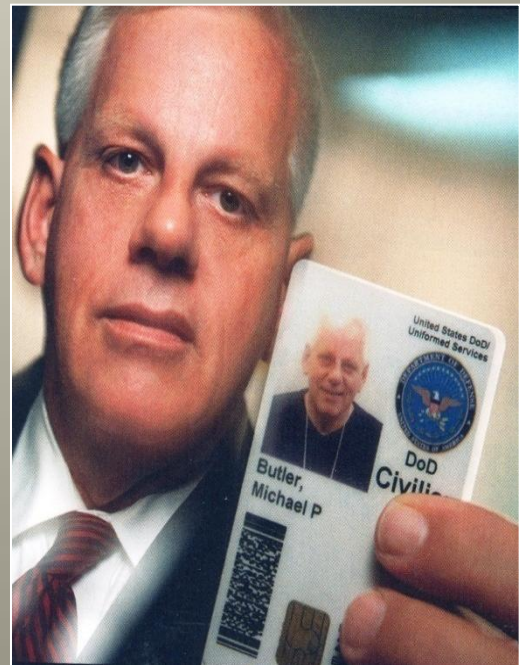
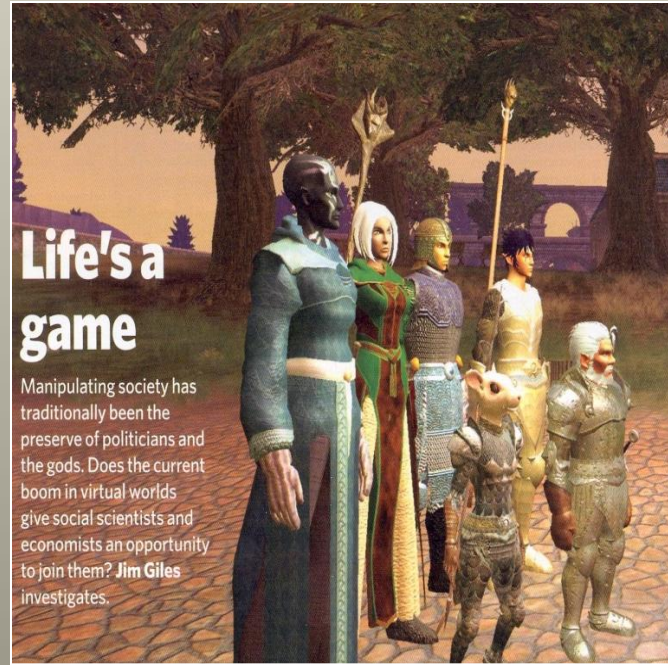
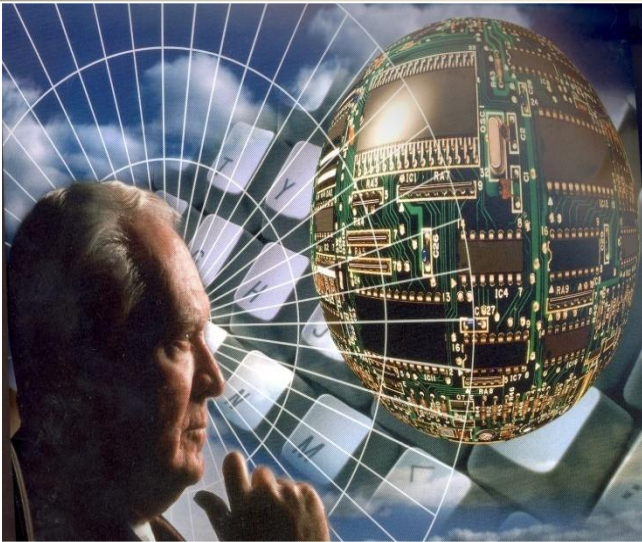
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Telecommunications and Media Industry Convergence: Implications for Healthcare

The Infocasm: Emerging Networks of Global Connectivity



The Changing Nature of Social Interaction



Herd Behavior: 1951

**1.3 Million Bathers,
Coney Island, NY**



Herd Behavior: 2008

**Social Networks and Virtual
Communities**



Consumer-Directed Healthcare: The Wellness Premium

- **leveraging social and peer networks**
- **increased role of fitness industry and entertainment in healthcare**
 - **“success via distraction”**
- **“virtual touch”**
 - **web-based consultation and diagnostic algorithms**
 - **emerging generational gap in need for direct physical interaction with physician**
- **evolution of ‘near-patient’ health status profiling**
 - **POC and in-home Dx**
 - **OBIBs**

In-Home POC Health Status and Compliance Monitoring



In-Home Health Connection: Engaging the Elderly



Healthcare Information Networks: AORTA: Always On Real Time Access

- **comprehensive connectivity
plus**
- **collapsing time
plus**
- **global networks**

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Connected Care

Technology-enabled Care at Home

Produced by the
Deloitte Center
for Health Solutions



Audit. Tax. Consulting. Financial Advisory.

State of Technology in Aging Services According to Field Experts and Thought Leaders

By:

Majd Alwan, Ph.D.,
Center for Aging Services Technologies (CAST)
American Association of Homes and Services for the Aging (AAHSA)

and

Jeremy Nobel, M.D., M.P.H.,
Harvard School of Public Health

Report Submitted to: Blue Shield of California Foundation

February 2008



The Dominant Future Element in Primary Healthcare Delivery???

Walgreens

As far as you want to go.™

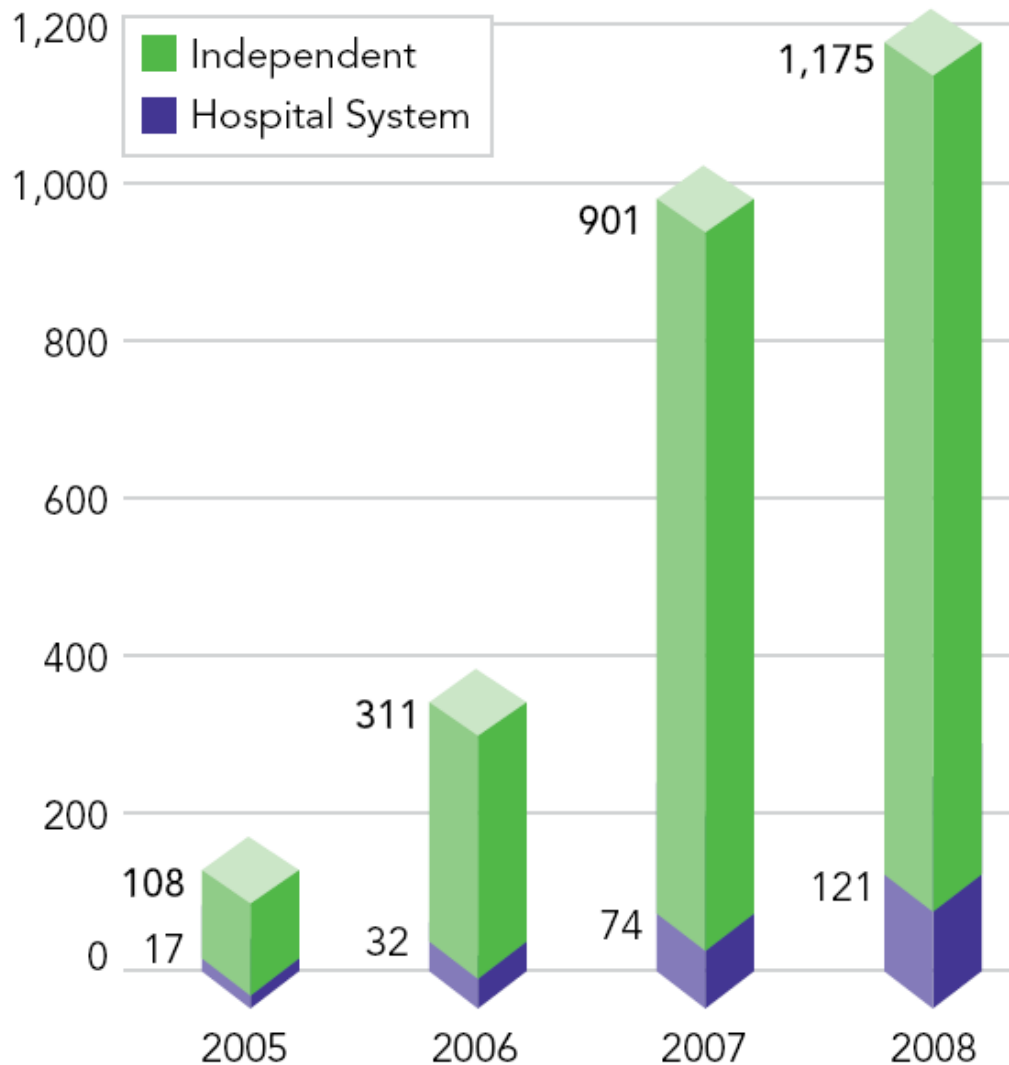
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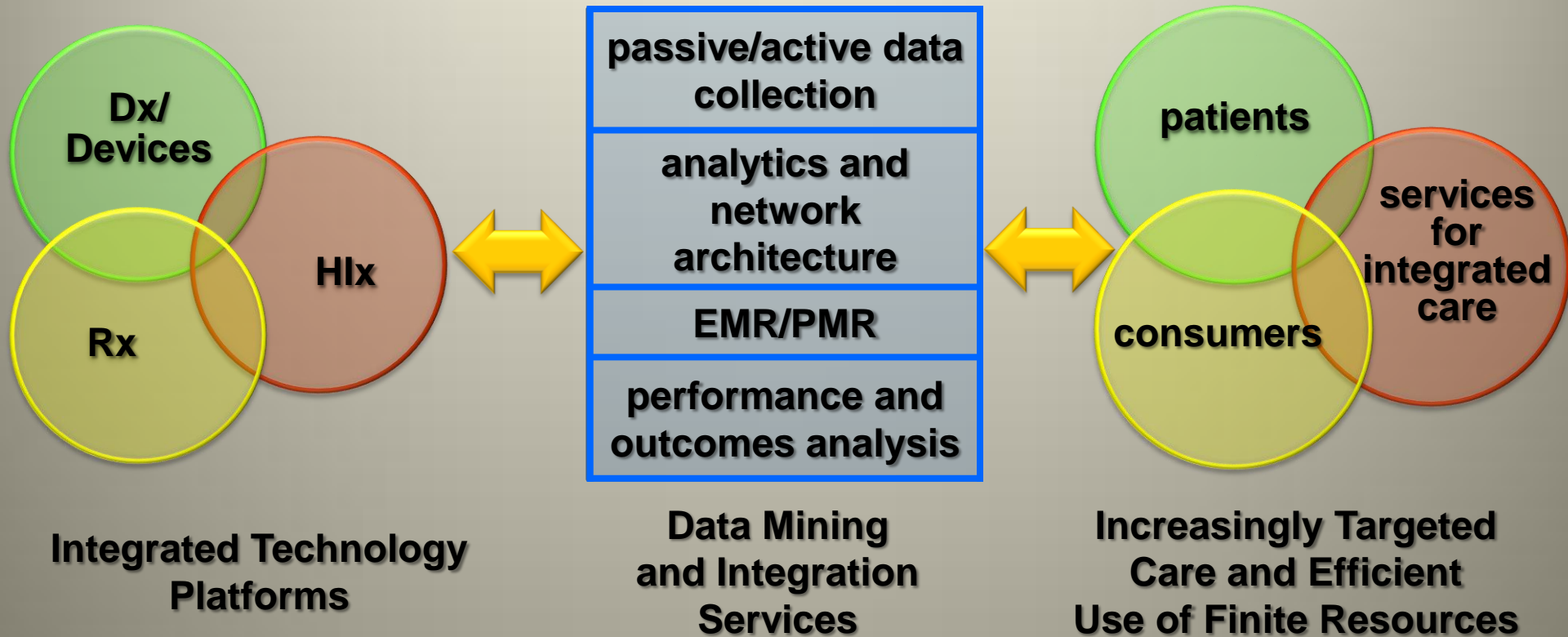


Retail Clinics Growth



Source: Merchant Medicine

A New Healthcare Ecosystem Arising From Technology and Market Convergence



From Ambiguity to Certainty: Competitive Superiority via Analysis of a Burgeoning Infocosm

- **new intermediaries for analysis/packaging of healthcare data**
- **global sourcing of data and expertise**
- **lower transactional costs**
- **higher efficiency in use of expensive, finite resources**
- **increasingly predictable cost structure and predictable performance of products and procedures**
- **improved clinical and economic outcomes**

Personalized Medicine: Progressive Evolution Based on Increasingly Comprehensive Profiling of Disease Risk and Health Status

The diagram consists of three overlapping circles arranged vertically. The top circle is orange and labeled 'Targeted Therapy'. The middle circle is green and labeled 'Individualized Therapy'. The bottom circle is purple and labeled 'Personalized Care'. The circles overlap such that the middle one is partially covered by the top one, and the bottom one is partially covered by the middle one.

**Targeted
Therapy**

- rational Rx based on profiling of underlying molecular pathology
- MDx and disease subtyping

**Individualized
Therapy**

- rational Rx based on comprehensive molecular profiling of individuals
 - disease subtypes and optimum Rx
 - Rx AE risk
 - disease predisposition risk and mitigation

**Personalized
Care**

- integrated framework of longitudinal data on individual health status
- real time remote health status monitoring
- transition to disease prediction and preemption

“Managing Mega-Data”

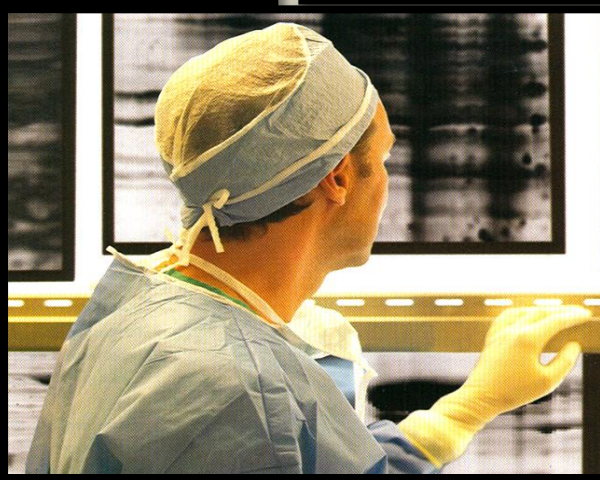
volume



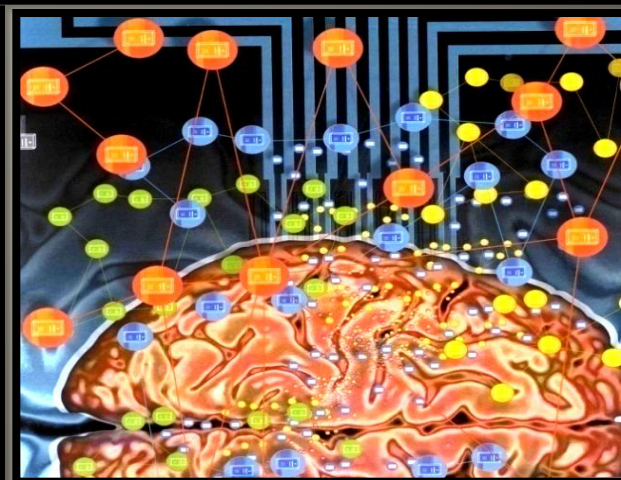
scale



**Visualization
and Collaboratories**

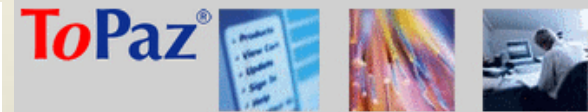


**Data Heterogeneity, Mining
and Context Formatting**

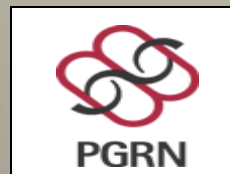
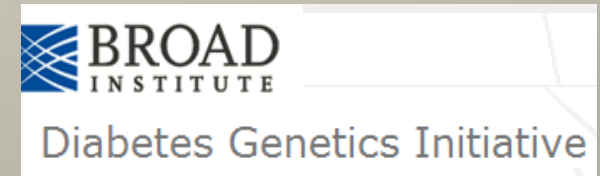


**Cognitive Systems Biology
and Optimum Decisions**

The Rise of Open-Source Networks and Consortia

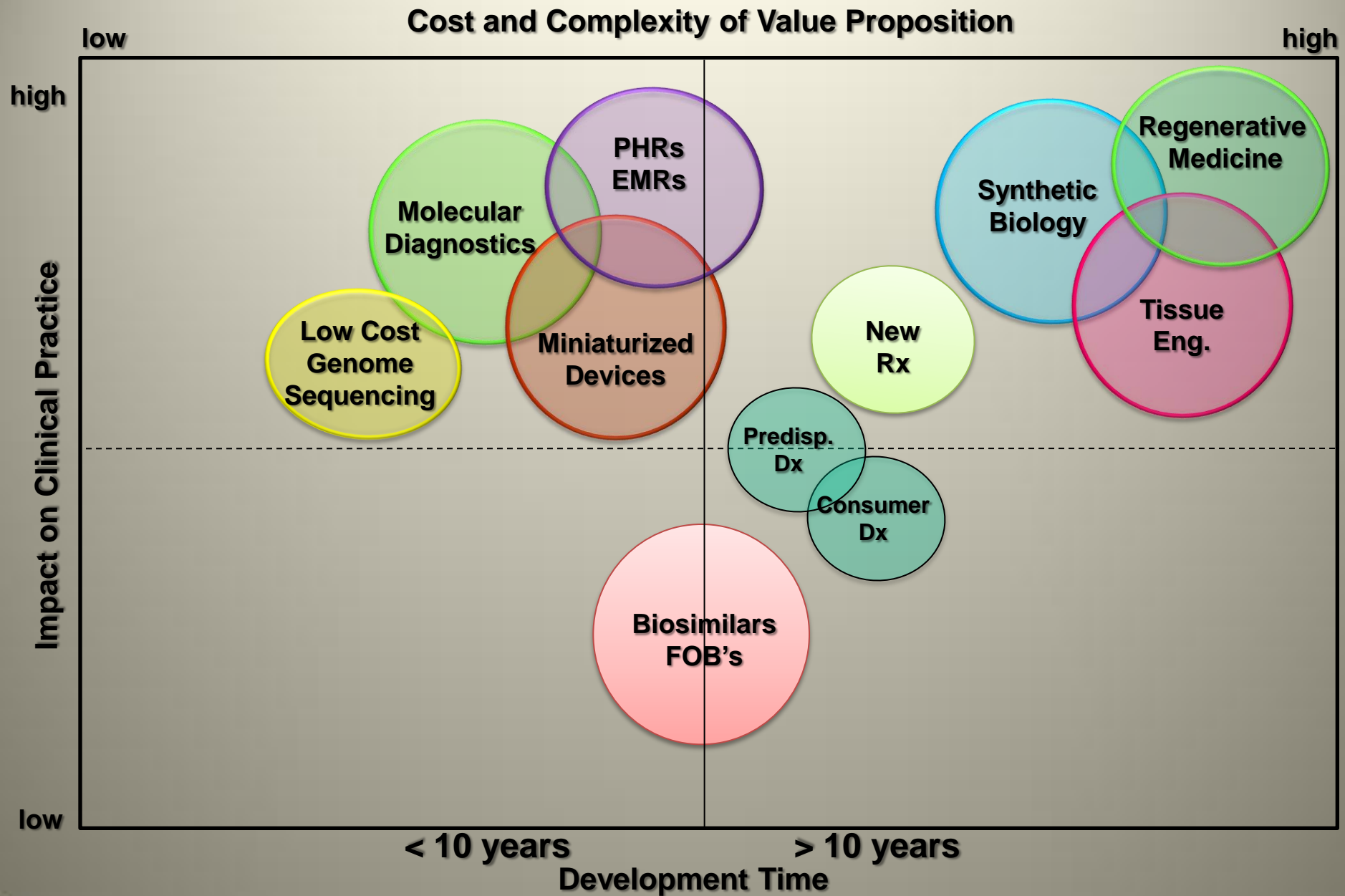


FDA/Severe Adverse Events (SAE) Consortium

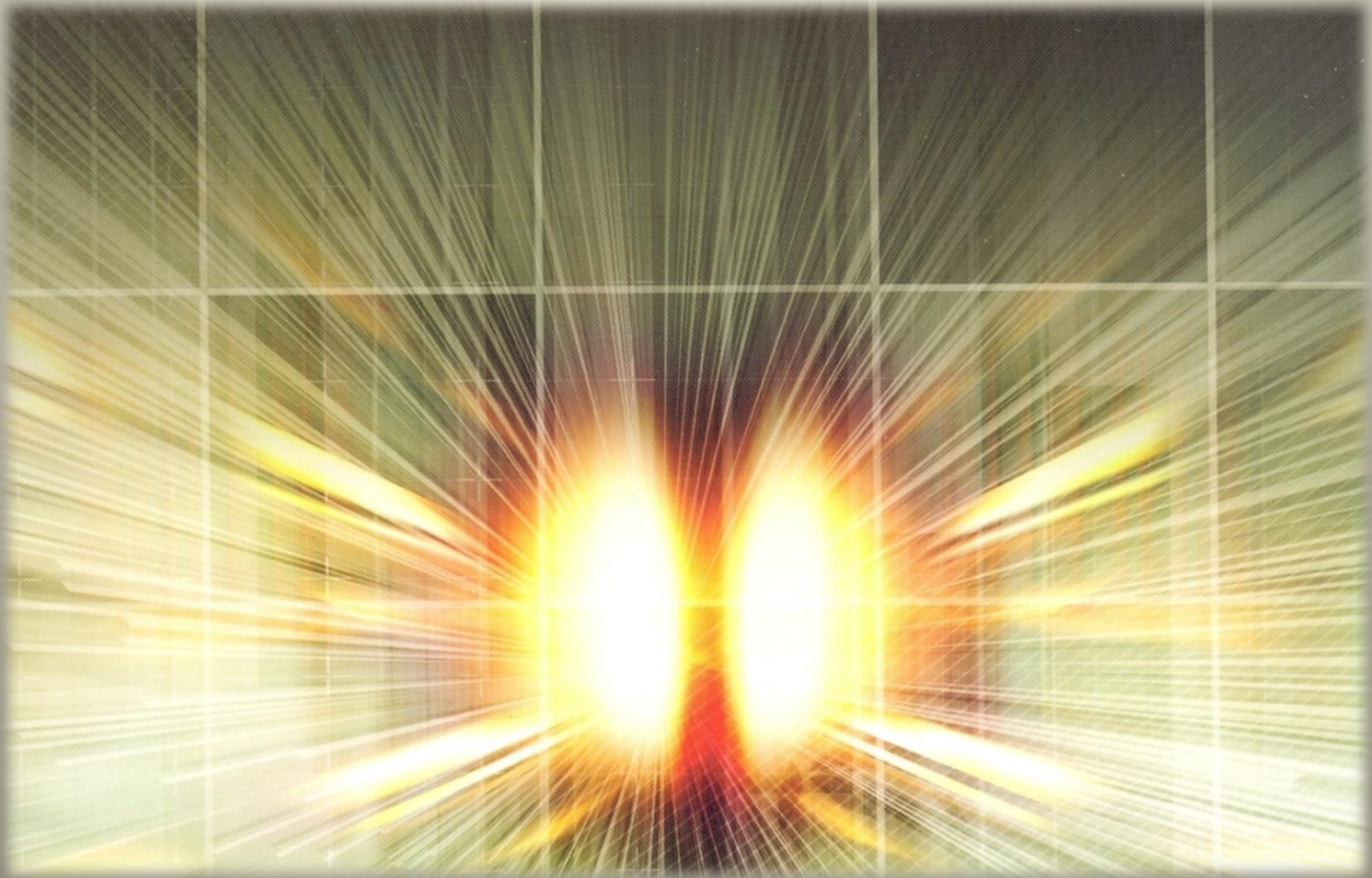


Clinical Semantics Group

A Technology Roadmap for Healthcare



The Coming Convergence in Healthcare Delivery



The Coming Convergence in Healthcare Delivery

Technologies

- biotechnology, medicine, engineering, computing

Clinical Practice

- molecular medicine and increasingly customized care
- diagnostic, drug and device combinations
- POC testing and remote monitoring
- reduced error and improved compliance
- improved clinical and economic outcomes

Realigned Incentives

- integrated care for complex chronic diseases
- earlier disease detection and risk reduction
- wellness versus illness
- health status monitoring

The Coming Convergence in Healthcare Delivery

Consumers

- **increased personal responsibility for health**
- **new incentives for wellness/compliance**
- **health status monitoring**

Connectivity

- **integrated care networks for chronic disease**
- **improved outcomes and effectiveness**
- **social networks and informed consumers**
- **new supplier networks of specialized turnkey expertise**
- **value added 'content' services for clinical data mining**

Creating a New Network of Connected Expertise to Accelerate Innovation in Healthcare R&D

- **ever faster generation of new information**
- **diversification of innovation sources**
- **current R&D ecosystem is too fragmented to fully leverage novel content and shared learning**
- **global sourcing**
- **rise of new business models of 'expertise networks' that eclipse current monolithic single company innovation models**

Building an Integrated Framework for Proficient Healthcare Delivery

